UC ID CODE #: _____

FERNALD MEDICAL MONITORING PROGRAM
1996 FEMALE REPRODUCTIVE HISTORY UPDATE

COULD YOU PLEASE UPDATE YOUR REPRODUCTIVE HISTORY BY ANSWERING JUST FIVE QUESTIONS?

DATE OF BIRTH: __ __/ __ __/19 __ __ (month / day / year) TODAY'S DATE __ __/ __ __/ __ __ (month / day / year)

1. Has there ever been a time period of one year or more when you were trying to become pregnant, but were unsuccessful?

   1. ☐ YES 2. ☐ NO >>>>>>>>>> GO TO QUESTION 2 ON THIS PAGE

   A. IF YES, please give the approximate dates for this time period. (If more than one such period of time, check this box ☐ and specify the last time.)

   From: __ __ (month) 19 __ __ (year) To: __ __ (month) 19 __ __ (year)

   B. Has a cause or reason for the infertility problem been identified by a physician?

   ☐ Yes ☐ No

2. Is your partner employed in a job where he works with chemicals?

   ☐ Yes ☐ No ☐ No Partner

3. Altogether how many times have you been pregnant in your lifetime, including live births, stillbirths, miscarriages, abortions, tubal pregnancies, and a current pregnancy?
   (For Example: 2 pregnancies = 0 2)

   PREGNANCIES: __ __

4. Are you now pregnant?

   ☐ Yes - IF YES, "What is your due date?" __ __/__ __/__ __ (month / day / year)

   ☐ No

5. Have you been pregnant at any time since January 1, 1995, with a pregnancy that is now over? (including a miscarriage, abortion, tubal pregnancy, stillbirth, or normal birth)

   ☐ Yes ☐ No

   A. IF YES, with which number of pregnancy or pregnancies?
   (For Example: second pregnancy = 0 2

   __ __ pregnancy __ __ pregnancy

IF YOU HAVE BEEN PREGNANT AT ANY TIME SINCE JANUARY 1, 1995, AND THAT PREGNANCY HAS ENDED WITH A BIRTH, MISCARRIAGE, ABORTION, STILLBIRTH, OR TUBAL PREGNANCY, GO TO THE NEXT PAGE TO COMPLETE THE PREGNANCY HISTORY CHART.

FERNALD MEDICAL MONITORING PROGRAM
ONGOING 1996
PREGNANCY UPDATE

UC ID CODE # _____
PAGE # 2

PLEASE COMPLETE THIS PREGNANCY HISTORY CHART FOR ANY PREGNANCY THAT HAS OCCURRED SINCE JANUARY 1, 1995, AND IS NOW OVER. The first question asks you to tell us whether this recent pregnancy is your first, second, etc.

1. The following information is about my (first (01), second (02), etc.,) pregnancy.	__ __ pregnancy	__ __ pregnancy
2. Thinking about your recent pregnancy, did you have a:	1. ☐ single birth 2. ☐ multiple birth 3. ☐ tubal pregnancy 4. ☐ abortion (medical or personal) 5. ☐ miscarriage 6. ☐ stillbirth	1. ☐ single birth 2. ☐ multiple birth 3. ☐ tubal pregnancy 4. ☐ abortion (medical or personal) 5. ☐ miscarriage 6. ☐ stillbirth
3. When was this child born? OR (If you had a tubal pregnancy, abortion, miscarriage, or stillbirth. What was the date that the pregnancy ended?)	__ __/__ __/19__ __ month day year (Go to the lilac page of instructions if you cannot remember the exact month.)	__ __/__ __/ 19__ __ month day year
4. How many total weeks were you pregnant? (Count from the first day of your last menstrual period. Use the attached lilac page of instructions to convert months to weeks.)	__ __ WEEKS	__ __ WEEKS

IF YOU HAD A SINGLE OR MULTIPLE LIVE BIRTH, OR A STILLBIRTH, PLEASE ANSWER QUESTIONS AT THE TOP OF THE NEXT PAGE.

IF YOU HAD A TUBAL PREGNANCY, ABORTION, OR MISCARRIAGE, PLEASE GO TO QUESTION 8 ON THE NEXT PAGE.

FOR LIVE BIRTH OR STILLBIRTH (IF YOU KNOW THE INFORMATION):

(IF YOU HAVE HAD TWINS, PLEASE WRITE THE WEIGHT, SEX, AND BIRTH DEFECT INFORMATION FOR THE SECOND CHILD AT THE BOTTOM OF THIS PAGE.)

PREGNANCY NUMBER	__ __ pregnancy	__ __ pregnancy
5. How much did the baby weigh? (e.g., 7 lbs 7 ozs = 07 / 07)	__ __ / __ __ lbs ozs	__ __ / __ __ lbs ozs
6. What is the child's sex?	1. ☐ boy 2. ☐ girl	1. ☐ boy 2. ☐ girl
7. Did the baby have any birth defects recognized within the first year of life?	0. ☐ no 1. ☐ yes	0. ☐ no 1. ☐ yes
IF YES, please describe in your own words.		

FOR ALL PREGNANCIES:

PREGNANCY NUMBER	__ __ pregnancy	__ __ pregnancy
8. In what week of your pregnancy did you begin seeing a physician/midwife about your pregnancy?	__ __ weeks	__ __ weeks
9. At the time you became pregnant was the child's father employed in a job where he was working with chemicals?	0. ☐ no 1. ☐ yes	0. ☐ no 1. ☐ yes

FOR ALL PREGNANCIES:

PREGNANCY NUMBER	__ __ pregnancy	__ __ pregnancy
10. Did you have any of the following complication(s) which required medical attention with this pregnancy? (CHECK ALL THAT APPLY.)	a. ☐ toxemia b. ☐ high blood pressure c. ☐ bleeding first three months d. ☐ bleeding last six months e. ☐ severe vomiting f. ☐ severe swelling/ bloating g. ☐ fever of 100 degrees or greater h. ☐ early labor i. ☐ diabetes - taking insulin j. ☐ diabetes - not taking insulin k. ☐ accident l. ☐ infection due to ruptured membrane m. ☐ other: DESCRIBE _____ n. ☐ none	a. ☐ toxemia b. ☐ high blood pressure c. ☐ bleeding first three months d. ☐ bleeding last six months e. ☐ severe vomiting d. ☐ severe swelling/ bloating g. ☐ fever of 100 degrees or greater h. ☐ early labor i. ☐ diabetes - taking insulin j. ☐ diabetes - not taking insulin k. ☐ accident l. ☐ infection due to ruptured membrane m. ☐ other: DESCRIBE _____ n. ☐ none
11. On the average about how many cigarettes did you smoke each day during this pregnancy? IF YOU DID NOT SMOKE WRITE "00".	___ ___ cigarettes per day	___ ___ cigarettes per day

FOR ALL PREGNANCIES:

PREGNANCY NUMBER	__ __ pregnancy	__ __ pregnancy
12. On the average, during this pregnancy, about how many alcoholic beverages did you usually have? (1 drink = 1 beer or 1 glass of wine or 1 mixed drink)	1. ☐ 3 or more/day 2. ☐ 1-2 per day 3. ☐ 4-6 per week 4. ☐ 2-3 per week 5. ☐ 1 per week 6. ☐ 1-3 per month 7. ☐ less than one per month 8. ☐ never	1. ☐ 3 or more/day 2. ☐ 1-2 per day 3. ☐ 4-6 per week 4. ☐ 2-3 per week 5. ☐ 1 per week 6. ☐ 1-3 per month 7. ☐ less than one per month 8. ☐ never
13. Did you take birth control pills during the three months right before you became pregnant?	1. ☐ no 2. ☐ yes	1. ☐ no 2. ☐ yes

FOR LIVE BIRTHS ONLY:

15. Is this child still living?	1. ☐ no 2. ☐ yes	1. ☐ no 2. ☐ yes
a. IF NO: When did this child die?	0. ☐ during first 7 days of life 1. ☐ 8 - 28 days 2. ☐ after 28 days	0. ☐ during first 7 days of life 1. ☐ 8 - 28 days 2. ☐ after 28 days

D A T E C O N V E R S I O N

This page can be used to assist you in answering Questions 3, 4, and 8 on the PREGNANCY HISTORY FORM.

QUESTION #3:

If you are not sure of the date that your pregnancy ended, the following guidelines will be helpful.

If you are unsure of the month that the pregnancy ended, but can remember the season, use the following:

"summer"	insert	"07"	for	month
"fall"	insert	"10"	for	month
"winter"	insert	"01"	for	month
"spring"	insert	"04"	for	month

If you have no idea of the month that the pregnancy ended, use "DK" for month.

If you can remember the month and year, but cannot remember the day, use "DK" for the day.

If you cannot remember the date at all, use "DK/DK/19DK" for month, day, and year.

QUESTIONS 4 and 8:

We are asking you to answer these questions with the number of weeks of pregnancy. If you can remember months, but not weeks, use the following conversion chart. Remember to count from the first day of your last menstrual period.

1 month		04 weeks
2 months		09 weeks
3 months		13 weeks
4 month		18 weeks
5 months		22 weeks
6 months		27 weeks
7 months		31 weeks
8 months		36 weeks
9 months or full term	-	40 weeks
Full term + 2 weeks late	-	42 weeks