FORM J: BIRTH CONTROL / PREGNANCY ASSESSMENT (WOMEN ONLY)

PATIENT ID#: ____ ____ ____

PATIENT INITIALS: ____ ____ ____

Center: _____

Form completed by: _____

Date assessment completed: ___ ___/ ___ ___/ ___ ___ ___ ___

1. Is participant of child bearing potential?

1☐ Yes (**Skip to question #2**)

2☐ No (**Complete 1a & 1b below**)

1a.Give reason of procedure or occurrence:

1☐ Hysterectomy

2☐ Tubal Ligation

3☐ Post-menopausal

4☐ Other, specify _____

1b.Give date (MM/YYYY) of procedure or occurrence:
(Note: for Post-Menopausal, use date of last menstrual period)

___ ___ / ___ ___ ___ ___ (MM/YYYY)

2. What method of birth control is participant currently using?

1☐ Oral Contraceptive

2☐ Barrier (diaphragm or condom) Plus Spermicide

3☐ Levonorgestrel implant (Norplant)

4☐ Intrauterine Progesterone Contraceptive system (IUD)

5☐ Medroxyprogesterone Acetate Contraceptive injection (Deproprovera)

6☐ Complete Abstinence

7☐ Other, specify:_____

8☐ None

3. Was Pregnancy test done?

1☐ Yes **(Complete 3a-c below)**

2☐ No

If YES to question #3, complete 3a-4c below:

3a. Result of Pregnancy test:

1☐ Positive

2☐ Negative

3b. Date Specimen Collected:
____ ____ /____ ____/ ____ ____ ____ ____
(MM/DD/YYYY)

3c. Type of Specimen:

1☐ Urine

2☐ Serum