



# REPRODUCTIVE HISTORY FORM

ID NUMBER:

FORM CODE: RHXG

DATE: 01/19/2023  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

## A. MENSTRUAL HISTORY

1. How old were you when you first got your menstrual period?   
Age in years

2. Have you reached menopause yet (either naturally or with surgical removal of ovaries)? (Has it been more than 12 months since your last menstrual period?)

Yes .....  Y  
No .....  N → **GO TO QUESTION 3**

2a. How old were you when you reached menopause?   
Age in years

## B. PREGNANCY HISTORY

3. Have you ever been pregnant?

Yes .....  Y  
No .....  N → **GO TO QUESTION 17**

4. How many times have you been pregnant? – this includes current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies, or abortions.

5. How many live births have you had?

6. When was the first time you had a live birth?   
Year

7. When was the second time you had a live birth?   
Year

8. When was the third time you had a live birth?   
Year

9. During your pregnancy or any of your pregnancies were you ever told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes? Please do not include diabetes that you may have known about before the pregnancy.

Yes .....  Y  
No .....  N → **GO TO QUESTION 10**

9a. How old were you when you were first told you had diabetes during a pregnancy?   
Age in years

10. Have you ever gained 40 pounds or more during a pregnancy?

Yes .....  Y  
No .....  N

11. Did your delivery or any of your deliveries result in a baby that weighed 9 pounds (4082 g) or more at birth, or were you ever told that your baby was large for gestational age?

Yes .....  Y  
No .....  N

12. Did your delivery or any of your deliveries result in a baby that weighed 5.5 pounds (2500 g) or less at birth, or were you ever told that your baby was small for gestational age?

Yes .....  Y  
No .....  N

13. During your pregnancy or any of your pregnancies, were you ever told by a doctor or other health professional that you had hypertension or high blood pressure? Please do not include hypertension that you may have known about before the pregnancy.

Yes .....  Y  
No .....  N

14. Were you treated for new hypertension during pregnancy or immediately after pregnancy in the first six weeks after birth (also called preeclampsia, eclampsia, or gestational hypertension)?

Yes .....  Y  
No .....  N

15. Have you ever had a preterm birth (given birth before 37 weeks of pregnancy)?

Yes .....  Y  
No .....  N

16. Have you ever experienced any of these complications before/during delivery?

16a. Placenta previa  
Yes .....  Y

No.....N

16b.Placental abruption

Yes .....Y

No.....N

16c.Intra/postpartum hemorrhage

Yes .....Y

No.....N

16d.Premature rupture of membranes (PROM)

Yes .....Y

No.....N

### C. REPRODUCTIVE HISTORY

17. Have you ever had trouble conceiving a baby (tried for 12 months without any success and required reproductive therapies)?

Yes .....Y

No.....N

18. Did you use any of the following for pregnancy?

18a.Hormone therapy to help conceive

Yes .....Y

No.....N

18b.In-vitro fertilization (IVF)

Yes .....Y

No.....N

18c.Donor egg

Yes .....Y

No.....N

18d.Surrogate

Yes .....Y

No.....N

18e.Other

Yes .....Y

No.....N

18e1. Please Specify\_\_\_\_\_

### D. GYNECOLOGIC SURGERY

19. Have you had surgery to have your uterus (womb) removed (also called a hysterectomy)?

Yes .....Y

No.....N→ **GO TO QUESTION 20**

19a. How old were you when you had a hysterectomy?    
Age in years

20. Have you had surgery to have one or both ovaries removed, either when you had a hysterectomy or at any other time?

- Yes, one .....  O
- Yes, both .....  B
- No .....  N
- Unknown .....  U

20a. How old were you when you had one or both ovaries removed?    
Age in years