

REPORT OF INDUCED ABORTION

CASE INFORMATION	1a. FACILITY CODE _____	1b. PHYSICIAN CODE _____	1c. Medical Speciality of Physician OB/GYN GP/FAM Emergency Med Pediatrics Other _____	2. LOCAL TRACKING NUMBER _____	
	3. TYPE OF ADMISSION Clinic Outpatient Hospital Inpatient Hospital Ambulatory Surgery Doctor's Office Telehealth Other _____				
4. DATE OF PREGNANCY TERMINATION <i>(MM/DD/CCYY)</i> ____/____/____					
PATIENT DEMOGRAPHICS	5. RESIDENCE OF PATIENT a. STATE _____ <i>(If not in US, list Country)</i>			b. COUNTY _____ <i>(If not in US, enter N/A)</i>	c. CITY _____
	6. PATIENT AGE AT LAST BIRTHDAY <i>(YEARS)</i> _____	7. PATIENT MARRIED? <i>(At pregnancy termination, conception or any time between)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. PATIENT RACE <i>(Check one or more races to indicate what the patient considers herself to be)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <i>(Name of enrolled or principal tribe)</i> _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <i>(specify)</i> _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	
	8. PATIENT EDUCATION <i>(Check the box that best describes the highest degree or level of school completed)</i> <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associates degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown	9. PATIENT OF HISPANIC ORIGIN? <i>(Check the boxes that best describe whether the mother is Spanish/Hispanic/Latina)</i> <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latina <i>(specify)</i> _____ <input type="checkbox"/> Unknown			
	11. NUMBER OF PREVIOUS LIVE BIRTHS a. Now Living b. Now Dead Number _____ Number _____ <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		12. NUMBER OF PREVIOUS PREGNANCY TERMINATIONS a. Spontaneous b. Induced Number _____ Number _____ <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		
MEDICAL & HEALTH INFO	13. CLINICIAN'S ESTIMATE OF GESTATIONAL AGE, IN COMPLETED WEEKS <i>(If a fraction of a week is given, round down to the next whole week; e.g., record 6.2 weeks as 6 weeks, record 7.6 weeks as 7 weeks)</i> _____ <input type="checkbox"/> Unknown		14. DATE LAST NORMAL MENSES BEGAN <i>(MM/DD/CCYY)</i> ____/____/____ <input type="checkbox"/> Unknown		

15. METHOD OF TERMINATION (Check only the method that terminated the pregnancy)

Surgical (check the type of surgical procedure)

- D & C (Dilation and Curettage)*
- D & E (Dilation and Evacuation)
- Hysterectomy/Hysterotomy
- Other surgical (specify) _____

Medical/Non-surgical - includes early medical terminations and labor induction (check the principle medication or medications)

- Mifepristone (RU486, Mifeprex®)
- Misoprostol (Cytotec®), or another prostaglandin**
- Methotrexate (Amethopterin, MTX)
- Other medication (specify) _____

- Intrauterine Instillation (intra-amniotic injection, typically with saline, prostaglandin, or urea)
- Unknown

* Additional terms that may be used include: aspiration curettage, suction surettage, manual vacuum aspiration, menstrual extraction, and sharp curettage.

** Some commonly used prostraglandins include misoprostol (Cytotec®) and dinoprostone (also known as Cervidil®, prepidil, prostin E2, or dinoprostol).

16. INTRAOPERATIVE COMPLICATION(S) FROM INDUCED ABORTION

Complications that occur during and immediately following the procedure, before patient has left facility (check all that apply)

- No complications
- Cervical laceration requiring suture or repair
- Heavy bleeding/hemorrhage with estimated blood loss of ≥ 500 cc
- Uterine perforation
- Other (specify) _____

*for post-operative complications, please refer to the REPORT OF COMPLICATIONS(S) FROM INDUCED ABORTION