



CREIGHTON MODEL FertilityCare™ System

GENERAL INTAKE FORM

INSTRUCTIONS FOR COMPLETING THE GENERAL INTAKE FORM

1. Leave items 1-6 blank (ID#). Fill in top information: H = home telephone, W = woman, M = man.
2. In questions 7-8, circle all that apply and, by number, place primary referral source in the boxes.
3. With most questions, place the number in the box that best describes your answer.
4. Leave questions 10-11, 77-78, and 79 blank.
5. Where lines are present, write in your answers.
6. For questions 66-73, circle all that were ever used and then identify the last 4 methods. If none = 20.
7. For 80-81, also circle all that apply but put primary reason in box.
8. If you have any questions, ask your CREIGHTON MODEL FertilityCare™ Practitioner at the time of follow-up.

**PLEASE BRING
THIS FORM
COMPLETED
WHEN YOU
RETURN FOR
YOUR FIRST
FOLLOW-UP!**

(I) GENERAL INFORMATION

Date _____
 Woman's name _____ Man's name _____ (1-6) I.D. #
 Address _____ City _____ ST _____ Zip _____ Country _____
 Date of birth (W) _____ (M) _____ E-mail _____ Phone (day) _____ (evening) _____

(7-8) Primary referral source

(Circle all that apply)

- | | | |
|----------------|--------------------------------|----------------------------|
| 01 = Self | 07 = Physician | 13 = Non-CrMS teacher |
| 02 = Friend | 08 = Nurse | 14 = School personnel |
| 03 = Relative | 09 = Other health professional | 15 = Media/advertising |
| 04 = Priest | 10 = Hospital | 16 = Other _____ |
| 05 = Minister | 11 = Family planning clinic | 17 = NFPMC (NFP Physician) |
| 06 = Religious | 12 = CrMS teacher | |

(9) Intro Session to 1st follow-up interval

(in weeks)
 1=1 3=3 5=5 7=7 9 = other
 2=2 4=4 6=6 8=8

(10-11) Instructor assigned

(II) DEMOGRAPHIC INFORMATION

(12) Woman's age (13) Man's age
 1 < 14 3 = 20-24 5 = 30-34 7 = 40-44
 2 = 15-19 4 = 25-29 6 = 35-39 8 = 45+
 (14) Woman's ethnic background (15) Man's ethnic background
 1 = Caucasian 3 = Hispanic 5 = Asian American
 2 = African American 4 = Native American 6 = Other _____
 (16) Woman's religion (17) Man's religion
 1 = Catholic 3 = Jewish 5 = Agnostic 7 = None 8 = Islamic
 2 = Protestant 4 = Atheist 6 = Other _____
 (18) Woman's marital status (19) Man's marital status
 1 = Single 3 = Married 5 = Widowed
 2 = Engaged 4 = Divorced 6 = Separated
 (20) Woman's completed education (21) Man's completed education
 1 = 0-8 grades 3 = Completed high school 5 = Some college 7 = Graduate school
 2 = Some high school 4 = Vocational/technical 6 = Completed college 8 = Professional school
 (22) Woman's occupational status (23) Man's occupational status
 1 = Professional 3 = Clerical/sales 5 = Unskilled laborer 7 = Student 9 = Other
 2 = Technical 4 = Skilled laborer 6 = Homemaker 8 = Farmer
 (24) Woman now employed (25) Man now employed
 1 = Yes 2 = No 1 = Yes 2 = No
 (26) Annual combined income (27) # of people living in household
 1 = 0-10,000 2 = 10,001-20,000 3 = 20,001-30,000 4 = 30,001-40,000 # = 0-8 9 = 9+
 5 = 40,001-50,000 6 = 50,001-60,000 7 = 60,001-70,000 8 = 70,001-80,000 9 = 80,001+

(III) PREGNANCY HISTORY

(28) # Pregnancies (29) # Live Births (30) # Stillborn (31) # Spontaneous abortion
 # = 0-8 9 = 9+ # = 0-8 9 = 9+ # = 0-8 9 = 9+ # = 0-8 9 = 9+
 (32) # Induced abortion (33) # Now living (34) Woman's age at 1st pregnancy (35) Deliveries were:
 # = 0-8 9 = 9+ # = 0-8 9 = 9+ 1 = Vaginal 3 = Both
 2 = Cesarean
 (36) Infertility
 1 = Yes 2 = No 3 = Unknown

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(IV) MEDICAL HISTORY

A. Menstrual History

(37) Age at 1st menstruation (38) Nature of cycles (39) Average length of menstrual flow (40) Menstrual cramps

1 < 10 3 = 13-14 5 = 17-18 1 = Regular 3 = Both (in days) 0 = No 2 = Moderate
 2 = 11-12 4 = 15-16 6 = 19+ 2 = Irregular 1 < 3 days 3 = 5 5 = 7 1 = Mild 3 = Severe
 2 = 4 4 = 6 6 > 7 days

B. General Medical History

(41-55) Have you ever had any of the following? Answer 1=yes 2=no

High blood pressure Heart disease Diabetes Convulsions
 Migraine headaches Thyroid problems Cancer _____ Urinary tract infection
 Varicose veins Blood clots Anemia Allergies _____
 Drug allergies _____ Sexually transmitted disease _____
 Non-GYN surgery _____ Date: _____

C. Gyn History

(56-65) Have you ever had any of the following? Answer 1=yes 2=no

Vaginal infections Cervicitis (cervical inflammation) Cervical treatment _____
 Infertility treatment Endometriosis Polycystic ovarian disease (PCOD) Pelvic infection
 Premenstrual syndrome (PMS) Breast surgery _____ Date: _____
 GYN surgery _____ Date: _____

(V) FAMILY PLANNING HISTORY

(66-73) Last 4 methods (in order of use) Most recent 2nd most recent 3rd most recent 4th most recent

(Circle all that apply)

- | | | | | |
|-------------------------|---------------------------|----------------------------------|---------------------------------------|----------------------|
| 01 = Birth control pill | 06 = Diaphragm/foam/jelly | 11 = Sympto/thermal | 16 = Douching | 21 = Other _____ |
| 02 = IUD | 07 = Foam/jelly | 12 = Ovulation Method (Billings) | 17 = Morning-after pill | 22 = Creighton Model |
| 03 = Condom | 08 = Calendar rhythm | 13 = Self-devised natural method | 18 = 3 month injection - Depo-Provera | 23 = Norplant |
| 04 = Condom/foam | 09 = Basal temp. (BBT) | 14 = Total breastfeeding | 19 = Induced abortion | 24 = Tubal ligation |
| 05 = Diaphragm only | 10 = Calendar/thermal | 15 = Withdrawal | 20 = None | 25 = Vasectomy |

(74-75) Length of use of 2 most recent methods Most recent 2nd most recent (76) Who prescribed most recent method?

(in months) (in years)
 1 = 0-3 3 = 7-12 4 = 1-2 6 = 3-4 8 = 5-10 1 = Self 3 = Family planning clinic
 2 = 4-6 5 = 2-3 7 = 4-5 9 = 10+ 2 = Physician 4 = Other _____

(77-78) If pill used (in last year), give brand name of most recent pill (79) If IUD used (in last year), give brand name of most recent IUD

(80-81) Primary reason for discontinuance of most recent method (Circle all that apply) (82) Woman/couple satisfied? (with most recent method)

00 = Not applicable 05 = Distrust effectiveness 09 = Medical contraindication
 01 = Pregnancy: method-related 06 = Objection by spouse/partner 10 = Moral/ethical/religious reasons
 02 = Pregnancy: not method-related 07 = Fear of side effects 11 = Other personal reasons _____
 03 = To achieve pregnancy 08 = Experience of side effects 12 = To use natural system
 04 = Inconvenient/unpleasant

1 = Yes 2 = No

(VI) INTENTIONS AND EXPECTATIONS

(83) Primary intention in using the Creighton Model FCS (84) # of children desired (85) Strength of feeling re: #84

1 = To achieve pregnancy (no fertility problem)
 2 = To achieve pregnancy (infertility problem)
 3 = To temporarily avoid pregnancy (space)
 4 = To permanently avoid pregnancy (limit)
 5 = To assess woman's health # 0-8 9=9+ 1 = Very strong 3 = Not strong
 2 = Strong 4 = Definitely not strong

(86) Why did you come into this program? _____

(87) What are your expectations of this program? _____