



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 (9) Intro Session to 1st follow-up interval
 (Circle all that apply) (in weeks)
 01 = Self 07 = Physician 13 = Non-CrMS teacher 1=1 3=3 5=5 7=7 9 = other
 02 = Friend 08 = Nurse 14 = School personnel 2=2 4=4 6=6 8=8
 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

(10-11) Instructor assigned

(II) DEMOGRAPHIC INFORMATION

(12) Woman's age (13) Man's age (14) Woman's ethnic background (15) Man's ethnic background
 1 < 14 3 = 20-24 5 = 30-34 7 = 40-44 1 = Caucasian 3 = Hispanic 5 = Asian American
 2 = 15-19 4 = 25-29 6 = 35-39 8 = 45+ 2 = African American 4 = Native American 6 = Other _____

(16) Woman's religion (17) Man's religion (18) Woman's marital status (19) Man's marital status
 1 = Catholic 3 = Jewish 5 = Agnostic 7 = None 8 = Islamic 1 = Single 3 = Married 5 = Widowed
 2 = Protestant 4 = Atheist 6 = Other _____ 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 (24) Woman now employed (25) Man now employed
 1 = Professional 3 = Clerical/sales 5 = Unskilled laborer 7 = Student 9 = Other 1 = Yes 2 = No
 2 = Technical 4 = Skilled laborer 6 = Homemaker 8 = Farmer

(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 < 14 3 = 20-24 5 = 30-34 7 = 40-44
 2 = 15-19 4 = 25-29 6 = 35-39 8 = 45+ 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 (79) If IUD used (in last year), give brand name
 of most recent pill of most recent IUD

(80-81) Primary reason for discontinuance of most recent method (82) Woman/couple satisfied?
 (Circle all that apply) (with most recent method)
 00 = Not applicable 05 = Distrust effectiveness 09 = Medical contraindication 1 = Yes 2 = No
 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

(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) # 0-8 9=9+ 1 = Very strong 3 = Not strong
 2 = To achieve pregnancy (infertility problem) 2 = Strong 4 = Definitely not strong
 3 = To temporarily avoid pregnancy (space)
 4 = To permanently avoid pregnancy (limit)
 5 = To assess woman's health

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

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