

REPORT OF INDUCED ABORTION

CASE INFORMATION	1a. FACILITY CODE _____ 1b. PHYSICIAN CODE _____ 1c. Medical Speciality of Physician <small>(OB/GYN GP/Fam Emergency Med Pediatrics Other)</small>			2. LOCAL TRACKING NUMBER _____			
	3. TYPE OF ADMISSION <small>Clinic Outpatient Hospital Inpatient Hospital Ambulatory Surgery</small> Doctor's Office, Other _____			4. DATE OF PREGNANCY TERMINATION <small>(MM/DD/CCYY)</small> ____/____/____			
PATIENT DEMOGRAPHICS	5. RESIDENCE OF PATIENT a. STATE _____ b. COUNTY _____ c. CITY _____ <small>(If not in US, list Country) (If not in US, enter N/A)</small>						
	6. PATIENT AGE AT LAST BIRTHDAY <small>(YEARS)</small> _____		7. PATIENT MARRIED? <small>(At pregnancy termination, conception or any time between)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. PATIENT RACE <small>(Check one or more races to indicate what the patient considers herself to be)</small> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <small>(Name of enrolled or principal tribe)</small> _____ <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 <small>(specify)</small> _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown		
	8. PATIENT EDUCATION <small>(Check the box that best describes the highest degree or level of school completed)</small> <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? <small>(Check the boxes that best describe whether the mother is Spanish/Hispanic/Latina)</small> <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 <small>(specify)</small> _____ <input type="checkbox"/> Unknown				
	11. NUMBER OF PREVIOUS LIVE BIRTHS a. Now Living Number _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown b. Now Dead Number _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown		12. NUMBER OF PREVIOUS PREGNANCY TERMINATIONS a. Spontaneous Number _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown b. Induced Number _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown				
	13. CLINICIAN'S ESTIMATE OF GESTATIONAL AGE, IN COMPLETED WEEKS <small>(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)</small> _____ <input type="checkbox"/> Unknown			14. DATE LAST NORMAL MENSES BEGAN <small>(MM/DD/CCYY)</small> ____/____/____ <input type="checkbox"/> Unknown			
MEDICAL AND HEALTH INFORMATION	15. METHOD OF TERMINATION <small>(Check only the method that terminated the pregnancy)</small> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Surgical <small>(check the type of surgical procedure)</small> <input type="checkbox"/> D & C (Dilation and Curettage)* <input type="checkbox"/> D & E (Dilation and Evacuation) <input type="checkbox"/> Hysterectomy/Hysterotomy <input type="checkbox"/> Other surgical (specify) _____ </td> <td style="width: 50%; vertical-align: top;"> Medical/Non-surgical - includes early medical terminations and labor induction <small>(check the principle medication or medications)</small> <input type="checkbox"/> Mifepristone (RU486, Mifeprex®) <input type="checkbox"/> Misoprostol (Cytotec®), or another prostaglandin** <input type="checkbox"/> Methotrexate (Amethopterin, MTX) <input type="checkbox"/> Other medication (specify) _____ </td> </tr> </table> <input type="checkbox"/> Intrauterine Instillation (intra-amniotic injection, typically with saline, prostaglandin, or urea) <input type="checkbox"/> Unknown					Surgical <small>(check the type of surgical procedure)</small> <input type="checkbox"/> D & C (Dilation and Curettage)* <input type="checkbox"/> D & E (Dilation and Evacuation) <input type="checkbox"/> Hysterectomy/Hysterotomy <input type="checkbox"/> Other surgical (specify) _____	Medical/Non-surgical - includes early medical terminations and labor induction <small>(check the principle medication or medications)</small> <input type="checkbox"/> Mifepristone (RU486, Mifeprex®) <input type="checkbox"/> Misoprostol (Cytotec®), or another prostaglandin** <input type="checkbox"/> Methotrexate (Amethopterin, MTX) <input type="checkbox"/> Other medication (specify) _____
	Surgical <small>(check the type of surgical procedure)</small> <input type="checkbox"/> D & C (Dilation and Curettage)* <input type="checkbox"/> D & E (Dilation and Evacuation) <input type="checkbox"/> Hysterectomy/Hysterotomy <input type="checkbox"/> Other surgical (specify) _____	Medical/Non-surgical - includes early medical terminations and labor induction <small>(check the principle medication or medications)</small> <input type="checkbox"/> Mifepristone (RU486, Mifeprex®) <input type="checkbox"/> Misoprostol (Cytotec®), or another prostaglandin** <input type="checkbox"/> Methotrexate (Amethopterin, MTX) <input type="checkbox"/> Other medication (specify) _____					
<small>* 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).</small>							

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

17. METHOD OF DISPOSAL FOR FETAL REMAINS (Check only one)

- Cremation Interment by burial No 'Fetal Remains' as defined by statute

18. TYPE OF PAYMENT (Check only one)

- Private coverage Public assistance health coverage Self pay

19. TYPE OF HEALTH COVERAGE (Check only one)

- Fee for service plan Capitated private plan Other/Unknown

20. SPECIFIC REASON FOR THE ABORTION (Check all that apply)

- Pregnancy was a result of rape
- Pregnancy was a result of incest
- Economic reasons
- Does not want children at this time
- Emotional health is at stake
- Physical health is at stake
- Will suffer substantial and irreversible impairment of major bodily function if pregnancy continues
- Pregnancy resulted in fetal anomalies
- Unknown or the woman refused to answer
- Other _____

21. DID ABORTION RESULT IN A BORN-ALIVE INFANT?

- No Yes

If yes, describe steps taken to preserve the life of the infant:

Did the infant survive? No Yes

- Current status of surviving infant: Parent(s) assumed rights/responsibilities
- Infant is abandoned ward of the state
- Status unknown