PATIENT ID NUMBER: _____ [Facility Use Only] (*Patient ID/Facility Chart/Case No.*)	DATE TERMINATION PERFORMED: / / (Month/Day/Year)

REPORT OF INDUCED TERMINATION OF PREGNANCY
Patient Worksheet

1. PATIENT AGE: _____

2. PATIENT RESIDENCE ADDRESS:

3. INSIDE CITY LIMITS? Y / N   (City)   (County)   (State)   (Zip)

4. DATE LAST NORMAL MENSES BEGAN: /   /
 (Month/Day/Year)

5. PREVIOUS LIVE BIRTHS (enter a number or "none")
  a. Live births now living: _____

  b. Live births now dead: _____

6. PREVIOUS TERMINATIONS: (enter a number or "none")
  a. Spontaneous Abortions, Miscarriages, Stillbirths, Fetal Deaths: _____

  b. Induced Abortions (Do <u>NOT</u> include this termination): _____

7. MARITAL STATUS: ☐ Never Married   ☐ Now Married   ☐ Declaration of Oregon Registered Domestic Partnership
     ☐ Separated   ☐ Divorced/Dissolution of Domestic Partnership   ☐ Widowed   ☐ Unknown

8. EDUCATION:
  ☐ 8th grade or less; none   ☐ Some college credit, but no degree   ☐ Master's degree
  ☐ 9th-12th grade; no diploma   ☐ Associate's degree   ☐ Doctorate or professional degree
  ☐ High school graduate or GED completed   ☐ Bachelor's degree   ☐ Unknown

9. IS PATIENT OF HISPANIC ORIGIN?

  ☐ No, not Spanish/Hispanic/Latina

  ☐ Yes, Mexican, Mexican-American, Chicano

  ☐ Yes, Puerto Rican

  ☐ Yes, Cuban

  ☐ Yes, other Hispanic Origin
  (specify): _____

10. PATIENT'S RACE (select one or more)

  ☐ White   ☐ Black or African American

  ☐ American Indian or Alaska Native
  (specify tribe(s)): _____

  ☐ Asian Indian   ☐ Chinese   ☐ Filipino

  ☐ Japanese   ☐ Korean   ☐ Vietnamese

  ☐ Other Asian (specify): _____

  ☐ Native Hawaiian   ☐ Guamanian or Chamorro   ☐ Samoan

  ☐ Other Pacific Islander (specify): _____

  ☐ Other (specify): _____

11. WAS BIRTH CONTROL BEING USED AT THE TIME PATIENT BECAME PREGNANT? ☐Yes ☐No ☐Unknown
     If yes, specify method below

  ☐ Birth Control Pill   ☐ Hormone Implant   ☐ IUD/IUC   ☐ Patch   ☐ Condoms, Prophylactics   ☐ Rhythm   ☐ NuvaRing
  ☐ Non-surgical sterilization; e.g., Essure   ☐ Emergency Contraception   ☐ Contraceptive Injection; e.g., Depo-Provera

  ☐ Other (specify): _____