SOUTHAMPTON WOMEN'S SURVEY - BLOOD AND URINE QUESTIONNAIRE

Sticker or SWS ID no:

FIRST name ONLY: _____

Date of **birth**: d d m m year | | | | | 1 | 9 | | |

Nurse: | |

Date of blood **sample**: d d | | m m | | y y | |

What was the date of the first day of your last menstrual period? d d | | m m | | y y | |

Have you taken any medication (prescribed or from the chemist) in the last 7 days?

Medications	**No**	**Yes**
Painkillers		
Antibiotics		
Blood pressure tablets		
Steroids: tablets, inhalers or creams		
Epilepsy tablets		
Cough/cold remedies		

Hormones:	**No**	**Yes**
Within the last month have you taken the oral contraceptive pill or are you using another hormonal contraceptive?		
Within the last nine months have you been given the Depot or Noristerat injection?		
Within the last month have you been on hormone replacement therapy (HRT) or received hormonal treatment for infertility or menstrual problems? e.g. Clomid		

If yes to any of the hormone questions above, what is the woman using? Enter current/most recent in first box and give the code number from the prompt card if possible otherwise give the name(s) or as close to it/them as possible

_____ | | |

_____ | | |

FOOD SUPPLEMENTS

During the past seven days have you taken any pills, tonics or tablets to supplement your diet? (e.g. vitamins, minerals, iron tablets, folic acid, fish oils etc.)

0=No/1=Yes ☐

If yes, please state which:
(for number per day, record number of tablets/capsules/teaspoons per day, as appropriate)

Supplement	Number per day	How many days in the last 7?
☐☐☐☐		
☐☐☐☐		
☐☐☐☐		
☐☐☐☐		
☐☐☐☐		

Have you given a food supplement questionnaire to the woman? 0=No/1=Yes ☐

Have you sent back your food diary?
0=No/1=Yes ☐

Have you sent back your birth details?
0=No/1=Yes ☐

Have you CONSENTED this woman?

Blood sample provided 0=No/1=Yes ☐

Time blood sample taken (24 hr clock) ☐☐☐☐

Time finished last meal or snack (24hr clock) ☐☐☐☐

Have you CONSENTED this woman?

Urine sample provided 0=No, 1=Yes ☐

Time of urine sample (24 hr clock) ☐☐☐☐

When did you last pass urine (prior to passing this sample) *Time (24 hr clock)* ☐☐☐☐

Hormonal contraceptives and treatments

Oral contraceptives **Combined pills**	**Code**	**Name**
	101	BiNovum
	102	Brevinor
	103	Cilest
	104	Eugynon 30
	105	Femodene (including ED)
	106	Loestrin 20
	107	Loestrin 30
	108	Logynon (including ED)
	109	Marvelon
	110	Mercilon
	111	Microgynon 30 (including ED)
	112	Minulet
	113	Norimin
	114	Norinyl-1
	115	Ovran
	116	Ovran 30
	117	Ovranette
	118	Ovysmen
	119	Synphase
	120	Tri-Minulet
	121	Triadene
	122	Trinordiol
	123	TriNovum
Progestogen only pills		
	201	Femulen
	202	Micornor
	203	Microval
	204	Neogest
	205	Norgeston
	206	Noriday
Other hormonal contraceptives		
	301	Depot
	302	Implanon
	303	Mirena
	304	Noristerat
	305	Norplant
Other hormonal treatments		
	401	Clomid
	402	Other infertility treatment
	403	Any form of hormone replacement therapy