



# 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  
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   
# = 0-8 9 = 9+ # = 0-8 9 = 9+

(30) # Stillborn  (31) # Spontaneous abortion   
# = 0-8 9 = 9+ # = 0-8 9 = 9+

(32) # Induced abortion  (33) # Now living   
# = 0-8 9 = 9+ # = 0-8 9 = 9+

(34) Woman's age at 1st pregnancy  (35) Deliveries were:   
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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# GENERAL INTAKE FORM

## (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  
2 = 11-12    4 = 15-16    6 = 19+    2 = Irregular

(in days)  
1 ≤ 3 days    3 = 5    5 = 7  
2 = 4    4 = 6    6 > 7 days

0 = No    2 = Moderate  
1 = Mild    3 = Severe

### 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 <input type="text"/> |
| 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  
2 = 4-6    5 = 2-3    7 = 4-5    9 = 10+

1 = Self    3 = Family planning clinic  
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)

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

(82) Woman/couple satisfied? (with most recent method)  
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)    4 = To permanently avoid pregnancy (limit)  
2 = To achieve pregnancy (infertility problem)    5 = To monitor fertility  
3 = To temporarily avoid pregnancy (space)    6 = To assess woman's health

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?