

Pregnancy Loss Form

IF WOMAN CALLS TO TELL THE STUDY SHE LOST THE PREGNANCY:

INTERVIEWER INTSTRUCTION:
RECORD PARTICIPANT’S AGE FROM SYSTEM. IF PARTICIPANT IS NOT IN SYSTEM, ASK PARTIPANT TO PROVIDE HER AGE.

_____ YEARS

SPAgePregnancyLost

REFUSED9--97

I’m so sorry for your loss. I realize it may be difficult for you to talk about this, but it’s important for us to know when you lost the baby. Can you please tell me the date when it happened?

DatePregnancyLost

INTERVIEWER INSTRUCTION:
ENTER A TWO DIGIT MONTH, TWO DIGIT DAY, AND A FOUR DIGIT YEAR.

_____/_____/_____ MM/DD/YYYY

REFUSED..... 9--97
DON’T KNOW..... 9--98

HARD EDIT:
IF DATE IS GREATER THAN 40 WEEKS BEFORE THE CURRENT DATE, DISPLAY, “You can not enter a date that occurred more than 40 weeks before today’s date. Confirm date and re-enter it.”

INTERVIEWER INSTRUCTION:
IF DATE OF PREGNANCY LOSS IS LESS THAN OR EQUAL TO 20 WEEKS FROM DUE, DATE GO TO PregLossInfoMedRecord. OTHERWISE, GO TO RequestInfoCopePregLoss.

Information about your pregnancy loss may help other women in the future. Would it be alright if we sent you some information on how you can allow the study to request a copy of the medical record for your loss?

PregLossInfoMedRecord

YES..... 1
NO..... 2
NOT APPLICABLE (TERMINATED PREGNANCY).....

Revised 7/17/08

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

INTERVIEWER INSTRUCTION:
 COMPLETE NEXT ITEM ONLY IF PREGNANCY LOSS MATERIALS ARE BEING PROVIDED BY THE STUDY CENTER.

DID RESPONDENT REQUEST ADDITIONAL INFORMATION ON COPING WITH PREGNANCY LOSS?

RequestInfoCopePregLoss

- YES..... 1
- NO..... 2

INTERVIEWER INSTRUCTION:
 IF ABLE TO VERIFY PARTICIPANT IN SYSTEM, GO TO EndPregLossCall.
 OTHERWISE, IF UNABLE TO VERIFY PARTICIPANT IN SYSTEM, GO TO PregLossContactInfo.

Because, I am unable to pull up your record in the System right now, would you please provide me with your name, address, and phone number so that we can contact you in case we need additional information.

PregLossContactInfo

What is the best phone number to reach you?

|_|_|_| |_|_|_| -- |_|_|_|_|_|
 PHONE NUMBER

PregLossPhoneBest

PregLoss PhoneType Home Work Cell Other (Specify) _____

INTERVIEWER INSTRUCTION:
 IF BEST PHONE IS NOT HOME PHONE, THEN GO TO PregLossPhoneHome.
 OTHERWISE, GO TO PregLossHaveEmailAddress.

What is your home telephone number?

|_|_|_| |_|_|_| -- |_|_|_|_|_| No home phone
 PHONE NUMBER

PregLossHome Phone

- NONE/NO LAND LINE..... 9—90
- REFUSED..... 9—97
- DON'T KNOW..... 9—98

What is your mailing address?

PSMailAddressStreet - Mailing address - street
PSMailAddressCity - Mailing address - city
PSMailAddressState - Mailing address - state
PSMailAddressZip - Mailing address - Zip

INTERVIEWER INSTRUCTION:
 PROMPT AS NECESSARY TO COMPLETE INFORMATION

_____ STREET/ PO BOX

_____ CITY

|_|_| STATE |_|_|_|_|_| ZIP CODE

REFUSED..... 9—97
 DON'T KNOW..... 9—98

Do you have an e-mail address where we can contact you?

PregLossHaveEmailAddress

YES.....1
 NO.....2
 REFUSED.....9—97
 DON'T KNOW.....9—98

What is the best e-mail address to reach you?

PregLossEmailAddress

INTERVIEWER INSTRUCTION:
 ENTER AND CONFIRM E-MAIL ADDRESS.

Again, I'd like to say how sorry I am for your loss. {We'll be sending you information about asking for permission to obtain the medical records}. {{We'll also be/ we'll be} sending the information packet you requested as soon as possible.} {We'll call you again in a few months to see how you're doing}. Thank you for your time.

EndPregLossCall

DISPLAY INSTRUCTIONS:

IF PregLossInfoMedRecord = "1", THEN DISPLAY, {We'll be sending you information about asking for permission to obtain the medical records}.

IF PregLossInfoMedRecord = "1" and RequestInfoCopePregLoss = "1" THEN DISPLAY, "{We'll also be sending the information packet you requested as soon as possible.}"

IF PregLossInfoMedRecord \neq "1" and RequestInfoCopePregLoss = "1" THEN DISPLAY, "{We'll be sending the information packet you requested as soon as possible.}"

IF SPAgePregnancyLost >17 and < 50, THEN DISPLAY, "{We'll call you again in a few months to see how you're doing.}"