

## ACWC ITOP DEMOGRAPHICS AND OB HISTORY

### General Information

What is your birth date?  
 Are you married?  
 What is the Zip Code where you now live?

### Your Education

Circle the highest school grade and all degrees you finished

None	1st	2nd	3rd	4th	5th	6th	some college	
	7th	8th	9th	10th	11th	12th	college graduate	
associates degree		bachelor's degree		masters degree		doctorate degree		other

### Circle all that best describe your Race/Ethnicity

Latina

Mexican  
 Cuban  
 Puerto Rican  
 Other

American

White  
 Black  
 Native Hawaiian  
 American Indian or Alaskan Native

Asian

Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese

Guamanian or Chamorro

Samoan

Other \_\_\_\_\_

I do not wish to give this information

### OB Medical History

What is the date of your last menstrual period? \_\_\_\_\_

How many of your children do you **now** have? \_\_\_\_\_ Date of last birth \_\_\_\_\_

How many of your children died since birth? \_\_\_\_\_ Date of last death \_\_\_\_\_

How many miscarriages have you had? \_\_\_\_\_ Date last miscarriage \_\_\_\_\_

How many abortions have you had? \_\_\_\_\_ Date of last abortion \_\_\_\_\_

Were there any problems with previous abortions \_\_\_\_\_

Were there any problems with previous pregnancies or deliveries \_\_\_\_\_

How many ectopic pregnancies have you had \_\_\_\_\_ Number of C-sections \_\_\_\_\_

Office use : Chart #

LMP

EGA

State ID#

ITOP Submit Date