OREGON HEALTH AUTHORITY
Center for Health Statistics

Report of Induced Termination of Pregnancy

Patient Worksheet

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

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 NOT 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
   ☐ 9th-12th grade; no diploma
   ☐ High school graduate or GED completed
   ☐ Some college credit, but no degree
   ☐ Associate's degree
   ☐ Bachelor's degree
   ☐ Master's degree
   ☐ Doctorate or professional 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): _____