Who provides your usual gynecologic care? 

How did you hear about the OHSU CWH Fibroid Program?

When were you first told you had fibroids?

Do you have symptoms due to your fibroids? □ Yes □ No
   If yes, what symptom is most bothersome?

Have you had any treatment for your fibroids? □ Yes □ No
   If yes, what have you used/done?

Periods/Bleeding:
Do you think you have abnormal bleeding? □ Yes □ No (if no, skip to next section)
   If yes, how long has this been a problem?

Have you ever been told you were anemic? □ Yes □ No
   If yes, when?

Have you ever required blood transfusion because of vaginal bleeding? □ Yes □ No
   If yes, when?

How much of a problem is your bleeding?

   0 1  2  3  4  5
   (None) (Severe)

Pain:
Do you have pain related to your fibroids? □ Yes □ No (if no, skip to next section)
   If yes, how long has this been a problem?

When do you have pain?
□ with your period
□ with intercourse
□ all of the time
How severe is your pain?

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Do you have any of these other symptoms (please check all that apply): □ none of these

□ Urinary problems
□ Abdominal fullness, bloating or pressure
□ Bowel problems
□ Other (please list): ________________________________

How severe is your overall discomfort from these symptoms?

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Demographics and Background:

Race (please circle): □ White/Caucasian □ Black/African American □ Asian
□ Other ___________

Ethnicity: Hispanic □ Yes □ No

Have you tried to get pregnant but not been able to? □ Yes □ No

Have you received help/treatment to get pregnant before? □ Yes □ No

Have you ever had a pregnancy with problems? □ Yes □ No

Do you plan to have children in the future? □ Yes □ No

Have you ever had a pelvic surgery, such as a cesarean section? □ Yes □ No

If yes, what was the surgery and what was it for? _______________________________________

Have you ever had a pelvic infection? □ Yes □ No