

<p><b>COMMENTS</b></p>	<p style="text-align: center;">- Affix label here-</p> <p>Clinical Center/ID: _____ - _____ - _____</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
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1. Date of Contact:  
-- (M/D/Y)
  
2. Completed by:  
 \_\_\_\_\_
  
3. Type of Contact :
  - <sub>1</sub> Phone
  - <sub>2</sub> Mail
  - <sub>3</sub> Visit
  - <sub>8</sub> Other
  
4. Visit Type:
  - <sub>1</sub> Screening #
  - <sub>2</sub> Semi-Annual #
  - <sub>3</sub> Annual #
  - <sub>4</sub> Non-Routine
  
5. Flow Amount: (1 pad = 1 tampon)
  - <sub>1</sub> Spotting – Approximately 1 pad worth/day
  - <sub>2</sub> Light – Approximately 2-3 pads worth/day
  - <sub>3</sub> Moderate – Approximately 4-7 pads worth/day
  - <sub>4</sub> Severe – 8 or more pads worth/day
  
6. When did the bleeding start?  
-- (M/D/Y)
  
7. Was the bleeding intermittent?
  - <sub>0</sub> No
  - <sub>1</sub> Yes

8. Is the participant currently bleeding?
  - <sub>0</sub> No
  - <sub>1</sub> Yes

8.1. Date bleeding stopped  
-- (M/D/Y)
  
9. Resulting action from report of bleeding:  
**(Mark one box.)**
  - <sub>1</sub> Participant reassured and advised to continue with current study medications.
  - <sub>2</sub> Participant advised to return to clinic for evaluation. Date and time of appointment \_\_\_\_\_
  - <sub>3</sub> Consulting gynecologist notified.
  - <sub>4</sub> Participant referred to primary physician:  
 Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_
  - <sub>5</sub> Participant should be recontacted in one month by phone. Date to be recontacted:  
 \_\_\_\_\_  
 (Enter into "future file" box for reminder.)
  - <sub>8</sub> Other (Specify) \_\_\_\_\_  
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