Invoice No.	Teacher	Client ID	Eventbrite Ticket No.

MARQUETTE UNIVERSITY INSTITUTE FOR NATURAL FAMILY PLANNING WOMAN'S REGISTRATION FORM

IDENTIFICATION

<u>יטו</u>	LITTIOATION	
W	ORK PHONE:HOME PHONE	
W	OMAN'S/CLIENT'S/NAME:	
ΑĽ	DDRESS:	
ΕN	MAIL:	
RE	EGISTRATION DATE: MONTH DAY YEAR	
1.	HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? (IN YEARS)	
2.	ARE YOU:	
	1. MARRIED 2. SINGLE 3. ENGAGED 4. DIVORCED/SEPARATED 5. OTHER	
3.	IF MARRIED, HOW MANY YEARS HAVE YOU BEEN MARRIED? (Code 0, if less than 1 year)	
4.	IF ENGAGED WHEN DO PLAN ON GETTING MARRIED? Month	Year
5.	WHAT IS YOUR RELIGION?	
	1. CATHOLIC 2. PROTESTANT/OTHER CHRISTIAN 3. JEWISH 4. MUSLIM 5. OTHER:	
6.	WHAT IS YOUR ETHNICITY?	
	1. EURO-AMERICAN 4. ASIAN-AMERICAN 2. NATIVE-AMERICAN 5. HISPANIC-AMERICAN 3. AFRICAN-AMERICAN 6. OTHER:	
7.	HOW MANY SCHOOL YEARS HAVE YOU COMPLETED?	
	0. 0 2. 3-4 4. 7-8 6. 11-12 8. 15-16 1. 1-2 3. 5-6 5. 9-10 7. 13-14 9. 17+	
8.	WHAT IS YOUR OCCUPATION?	
	1. PROFESSIONAL 5. SKILLED LABORER 2. CLERICAL/SALES 6. STUDENT	

	Client Number					
3. HOMEMAKER	7. OTHER:					
4. TECHNICAL CYCLE HEALTH AND PREGNANCY HIST	ORY					
9. HOW MANY PREGNANCIES HAVE YO						
10. LIVING CHILDREN?						
11. MISCARRIAGES?						
12. ABORTIONS?						
13. ARE YOU CURRENTLY TAKING ANY	MEDICATIONS OR VITAMINS? YES NO					
IF YES PLEASE LIST:						
14. PLEASE LIST ANY GYNECOLOGICAL S	SURGERY YOU HAVE HAD AND THE					
15. ARE YOU BREAST-FEEDING NOW?						
 No Partial (Baby gets food and breast-feeding) Total (Baby gets only breast milk) N/A 						
FAMILY PLANNING PRACTICE						
16. A. AMONG THE FOLLOWING METHO	DDS, WHICH METHOD ARE YOU USING NOW?					
B. IF YOU ARE NOT USING ANY METHOD YOU USED.	HOD, NAME WHICH WAS THE MOST RECENT					
0. None 3. Injection 6. Injection 1. Pill 4. Barrier 7. Value 2. IUD 5. Norplant 8. Answer						
17. WHEN DID YOU STOP USING THE MOST RECENT METHOD? MONTH YEAR						
FAMILY PLANNING INTENTION						
18 WHY DO YOU WANT TO CHART YOU 1. To have a child 3. To limit 5. N/A	R FERTILITY? 2. To space 4. For self knowledge 6. Other – specify					
19. WHEN DO YOU WANT YOUR NEXT P	REGNANCY TO BEGIN?					
0. No more pregnancies desired1. Trying to become pregnant now2. Within a year from now3. After one year but before two yrs	4. After two years but before three years 5. After three years 6. It doesn't matter 7. Don't know					
20. DOES YOUR SPOUSE SHARE THIS INTI	ENTION? 1.YES 2. NO 3. DON'T KNOW					

21. IF YOU ARE TRYING TO BECOME PREGNANT NOW, HOW MANY MONTHS HAVE YOU	U	
BEEN TRYING?		

Invoice No.	Client ID

MARQUETTE UNIVERSITY INSTITUTE FOR NATURAL FAMILY PLANNING MAN'S REGISTRATION FORM

IDENTIFICATION

WORK PH	ONE:	Н	IOME PHONE		
	IENT'S/NAME:				
	:				
EMAIL:					
REGISTR!	ATION DATE:	MONTH] [] ÆAR	
1. HOW (OLD WERE YOU AT	YOUR LAST BIF	RTHDAY? (IN YEA	ARS)	
2. ARE Y	OU:				
			GLE DRCED/SEPARAT	ED	
	RRIED, HOW MANY ode 0, if less than 1		OU BEEN MARRI	ED?	
7. IF ENC	GAGED WHEN DO	PLAN ON GETTII	NG MARRIED?	Month	Year
8. WHAT	IS YOUR RELIGIO	N?			
	1. CATHOLIC 3. JEWISH	4. MUSLIM	NT/OTHER CHRIS	STIAN	
9. WHAT	IS YOUR ETHNICI	TY?			
	1. EURO-AME 2. NATIVE-AN 3. AFRICAN-A	IERICAN	4. ASIAN-AMERI 5. HISPANIC-AM 6. OTHER:		
7. HOW M	IANY SCHOOL YEA	RS HAVE YOU (COMPLETED?		
	0 2. 3-4 1-2 3. 5-6		6. 11-12 7. 13-14	8. 15-16 9. 17+	
8. WHAT	IS YOUR OCCUPA	ΓΙΟΝ?			

1. PROFESSIO 2. CLERICAL/S 3. HOMEMAKE 4. TECHNICAL	ALES 6.	SKILL Client Number Client Number CTHER:	
9. COMBINED HOUSEHOLD	ANNUAL INCOME	: :	
2. \$15,001-\$25,000	4. \$40,001-\$70,00 5. \$70,001-\$99,99 6. ≥ \$100,000		
REPRODUCTIVE HEALTH			
10. HOW MANY LIVING CHILE	OREN DO YOU HA	AVE? (Code 00 if none)	
11. HOW MANY BOYS?			
12. HOW MANY GIRLS?			
13. AGES OF CHILDREN? (Lis	t oldest to younges	st)	
A) 1 st oldest	B) 2 nd C) 3 rd D) 4 th E) 5th	
F) 6 th	G) 7 th) 8 th	
14. ARE YOU CURRENTLY TA	KING ANY MEDIC	CATIONS OR VITAMINS? YES	NO
IF YES PLEASE LIST:			
15. PLEASE LIST ANY UROLOG DATE:	GICAL SURGERY Y	OU HAVE HAD AND THE	
FAMILY PLANNING INTENTIO	N		
16 WHY DO YOU WANT TO U		/II Y PI ANNING?	
1. To have a chi 3. To limit 5. N/A	ild 2.	To space For self knowledge Other – specify	_
17. WHEN DO YOU WANT YOU	JR NEXT PREGNA	ANCY TO BEGIN?	
0. No more pregnancies1. Trying to become pre2. Within a year from no3. After one year but bet	gnant now 5. w 6.	After two years but before three years After three years It doesn't matter Don't know	s
18. DOES YOUR SPOUSE SHAR	E THIS INTENTION	N? 1.YES 2. NO 3. DON'T KNOW	

19. IF YOU ARE TRYING TO BECOME PREGNANT NOW, HOW MANY MONTHS HAVE Y	OU	
BEEN TRYING?		