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

IDENTIFICATION

WORK PHONE: __________________________ HOME PHONE __________________________

WOMAN’S/CLIENT’S/NAME: _______________________________________________________

ADDRESS: ____________________________________________________________________

EMAIL: _____________________________________________________

REGISTRATION 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
   2. NATIVE-AMERICAN
   3. AFRICAN-AMERICAN
   4. ASIAN-AMERICAN
   5. HISPANIC-AMERICAN
   6. OTHER:____________________

7. HOW MANY SCHOOL YEARS HAVE YOU COMPLETED?

   0. 0
   1. 1-2
   2. 3-4
   3. 5-6
   4. 7-8
   5. 9-10
   6. 11-12
   7. 13-14
   8. 15-16
   9. 17+

8. WHAT IS YOUR OCCUPATION?

   1. PROFESSIONAL
   2. CLERICAL/SALES
   3. SKILLED LABORER
   4. STUDENT
3. HOMEMAKER
4. TECHNICAL
CYCLE HEALTH AND PREGNANCY HISTORY

9. HOW MANY PREGNANCIES HAVE YOU EXPERIENCED? 

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 SURGERY YOU HAVE HAD AND THE DATE:_______

15. ARE YOU BREAST-FEEDING NOW?

1. No
2. Partial (Baby gets food and breast-feeding)
3. Total (Baby gets only breast milk)
4. N/A

FAMILY PLANNING PRACTICE

16. A. AMONG THE FOLLOWING METHODS, WHICH METHOD ARE YOU USING NOW?

B. IF YOU ARE NOT USING ANY METHOD, NAME WHICH WAS THE MOST RECENT METHOD YOU USED.


17. WHEN DID YOU STOP USING THE MOST RECENT METHOD? ☐ MONTH ☐ YEAR

FAMILY PLANNING INTENTION

18. WHY DO YOU WANT TO CHART YOUR FERTILITY?

1. To have a child 2. To space
3. To limit 4. For self knowledge
5. N/A 6. Other – specify_____________

19. WHEN DO YOU WANT YOUR NEXT PREGNANCY TO BEGIN?

0. No more pregnancies desired 1. Trying to become pregnant now
2. Within a year from now 3. 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 INTENTION? 1. YES 2. NO 3. DON’T KNOW
21. IF YOU ARE TRYING TO BECOME PREGNANT NOW, HOW MANY MONTHS HAVE YOU BEEN TRYING?
MARQUETTE UNIVERSITY INSTITUTE FOR NATURAL FAMILY PLANNING
MAN’S REGISTRATION FORM

IDENTIFICATION

WORK PHONE: ____________________ HOME PHONE ____________________

MAN’S/CLIENT’S/NAME: ______________________________________________

ADDRESS: __________________________________________________________________

EMAIL: _______________________________________________________________

REGISTRATION 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)

7. IF ENGAGED WHEN DO PLAN ON GETTING MARRIED?

Month	Year

8. WHAT IS YOUR RELIGION?

1. CATHOLIC
2. PROTESTANT/OTHER CHRISTIAN
3. JEWISH
4. MUSLIM
5. OTHER:____________________

9. WHAT IS YOUR ETHNICITY?

1. EURO-AMERICAN
2. NATIVE-AMERICAN
3. AFRICAN-AMERICAN
4. ASIAN-AMERICAN
5. HISPANIC-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
2. CLERICAL/SALES
3. HOMEMAKER
4. TECHNICAL
5. SKILLED LABORER
6. STUDENT
7. OTHER:__________________

9. COMBINED HOUSEHOLD ANNUAL INCOME:
   1. < $15,000
   2. $15,001-$25,000
   3. $25,001-$40,000
   4. $40,001-$70,000
   5. $70,001-$99,999
   6. ≥ $100,000

REPRODUCTIVE HEALTH

10. HOW MANY LIVING CHILDREN DO YOU HAVE?  (Code 00 if none)

11. HOW MANY BOYS?

12. HOW MANY GIRLS?

13. AGES OF CHILDREN? (List oldest to youngest)
   - A) 1st oldest □ □ □
   - B) 2nd □ □
   - C) 3rd □ □
   - D) 4th □ □
   - E) 5th □ □
   - F) 6th □ □
   - G) 7th □ □
   - H) 8th □ □
   - I) 9th □ □
   - J) 10th □ □

14. ARE YOU CURRENTLY TAKING ANY MEDICATIONS OR VITAMINS?  YES □  NO □
    IF YES PLEASE LIST:____________________________________________________________
    ____________________________________________________________________________

15. PLEASE LIST ANY UROLOGICAL SURGERY YOU HAVE HAD AND THE DATE:________
    ____________________________________________________________________________
    ____________________________________________________________________________

FAMILY PLANNING INTENTION

16. WHY DO YOU WANT TO USE NATURAL FAMILY PLANNING?
   - 1. To have a child
   - 2. To space
   - 3. To limit
   - 4. For self knowledge
   - 5. N/A
   - 6. Other – specify_______________

17. WHEN DO YOU WANT YOUR NEXT PREGNANCY TO BEGIN?
   - 0. No more pregnancies desired
   - 1. Trying to become pregnant now
   - 2. Within a year from now
   - 3. 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

18. DOES YOUR SPOUSE SHARE THIS INTENTION?  1.YES  2. NO  3. DON’T KNOW □
19. IF YOU ARE TRYING TO BECOME PREGNANT NOW, HOW MANY MONTHS HAVE YOU BEEN TRYING?