

Data Collection Form

SEM analysis of bacterial biofilms on hormonal intrauterine devices (IUD)

Date of Admission			Age: _____		BMI: _____	Sex: ☐ M ☐ F
Ethnicity	☐ African American	☐ Hispanic	☐ White	☐ Asian	☐ Native American	☐ Other (please specify): _____

Gynecological History					
How long has the IUD been in place? _____	Post-Menopausal: ☐ Y ☐ N		Intact Uterus: ☐ Y ☐ N	Referral for hysterectomy: ☐ Y ☐ N	Are you pregnant: ☐ Y ☐ N
Have you taken antibiotics within the last 6 months: ☐ Y ☐ N	Number of pregnancies: _____		Number of births: _____	Have you requested your IUD removed: ☐ Y ☐ N	
If yes, why?			Have you or do you currently have STD(s) and/or STI(s)? ☐ Y ☐ N		
Please list any current STD(s) and/or STI(s) at the time of the IUD removal:			Do you currently or have previously had any form of gynecological cancer: ☐ Y ☐ N		
Have you suffered from any of the following symptoms or infections during the time you had your IUD: ☐ Pelvic Inflammatory Disease (PID) ☐ Pelvic pain (other than normal menstrual cramps) ☐ Vulvovaginal candidiasis (VVC) ☐ Menorrhagia (abnormally heavy bleeding) ☐ Bacterial Vaginosis (BV) ☐ Intermenstrual bleeding ☐ Vaginitis ☐ Recurrent infections					