|  |  |
| --- | --- |
| Project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | See the source image |

**Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enrollment:** \_\_\_ / \_\_\_\_ / \_\_\_

**Age:**\_\_\_\_\_\_\_ **Ethnicity:** ⬜ Kazakh ⬜ Russian ⬜ Others

**Physician:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Height (m):** \_\_\_\_\_\_\_**Weight (kg):** **\_\_\_\_\_\_\_**

**Education:** ⬜ Elementary ⬜ Intermediate ⬜ Secondary/College ⬜ University

**Menarche: \_\_\_\_ Menstrual function:** ⬜ Regular ⬜ Irregular**, if irregular** ⬜ Amenorrhea ⬜ Olygomenorrhea ⬜ Polymenorrhea ⬜ Hypermenorrhea ⬜ Hypomenorrhea ⬜ Menorrhagia

**Age at first sexual intercourse**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Number of partners**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital status** ⬜ married ⬜ not married ⬜ other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gynecological illnesses:**  ⬜ PCOS/PCOD ⬜ Endometriosis ⬜ PID ⬜ Myoma ⬜ Ovarian cyst

**Gyn surgeries**: ⬜ No ⬜ Yes; if yes, Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient History:** Gravida: \_\_\_\_ Para: \_\_\_\_Alive children: \_\_\_\_\_\_\_

Abortions: \_\_\_\_Intentional\_\_\_Sponatneous\_\_\_\_\_\_ Ectopic pregnancy: \_\_\_\_\_\_

**Risk Factors**

**Vaginal Swab:**⬜ Positive ⬜ Negative ⬜ Not done, if positive ⬜ Candida ⬜ Trichomonas v. ⬜ Gonococcus ⬜ BV ⬜Gram + ⬜ Gram - ⬜ anaerobes

**Infections**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HSV** | ⬜ Not sure ⬜ No ⬜ Yes |  | **Syphilis** | ⬜ Not sure ⬜ No ⬜ Yes |
| **CMV** | ⬜ Not sure ⬜ No ⬜ Yes | **Mycoplasma** | ⬜ Not sure ⬜ No ⬜ Yes |
| **Chlamydia**  | ⬜ Not sure ⬜ No ⬜ Yes | **Ureaplasma** | ⬜ Not sure ⬜ No ⬜ Yes |

**History of Pelvic Inflammatory Disease:** ⬜ Negative ⬜ Positive, **if positive**, please add detailes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contraceptives:** ⬜ No ⬜ Yes If Yes, Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_

**Smoking:** ⬜ No ⬜ Yes 🞎 Former; Frequency: \_\_\_\_/day **Alcohol Consumption:** ⬜ No ⬜ Yes

**Pap Smear:** ⬜ Normal or **CIN grade:** ⬜ **1** ⬜ **2** ⬜ **3, or** ⬜ **NILM** ⬜ **HSIL** ⬜ **LSIL**

**Management:** ⬜ Conservative, ⬜ Surgical (conization, etc.), ⬜ Other

**History of Cervical cancer**: ⬜ Negative ⬜ Positive, **if positive** please add detailes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family history**

**Family history of cervical cancer:** ⬜ Negative ⬜ Positive, **if positive** please add detailes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family history of ovarian cancer**: ⬜ Negative ⬜ Positive, **if positive** please add detailes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family history of breast cancer:** ⬜ Negative ⬜ Positive, **if positive** please add detailes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History of any other cancer localization:**   No  Yes For parents or siblings:  No  Yes