1. Does participant/ subject have a history of prior pregnancy? (both term and not to term)

[ ] Yes

[ ] No

[ ] Unknown

1. Number of prior pregnancies (regardless of whether pregnancies were carried to term):
2. Date of last delivery or miscarriage (year):
3. Number of spontaneous abortions (miscarriages), including all trimesters:

## General Instructions

This case report form (CRF) contains data elements related to pregnancy history.

Important note: None of the data elements included on this CRF is considered Core (i.e., strongly recommended for all FA clinical studies to collect). Rather, all of the data elements are supplemental and should only be collected if the research team considers them appropriate for their study.

## Specific Instructions

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*

The CRF includes all instructions available for the data elements at this time