Form: 0 3 Ver: 0 1

Uterine Fibroid Study Follow-up 2001 Medical Record Sonography Form

Study ID #: UF1							
Sor	nogram Date:						
1.	 a. Abdominal U/S 1 Yes 2 No 3 Not Mentioned b. Transvaginal U/S 1 Yes 2 No 3 Not Mentioned c. Other 1 Yes 2 No 3 Not Mentioned If Yes, specify:						
2.	Indication/Clinical History: 1						
<u>Uterus</u>							
3.	Previous sonogram indicated on report? Yes No If Yes, date: / / / / /	(year)					
4.	Size: Length cm X AP . cm X Width . cm						
5.	Shape: Lobular 1 Yes 2 No 3 Not Mentioned						
6.	Diffuse heterogeneous pattern? $_{1}$ Yes $_{2}$ No $_{3}$ Not Mentioned						

7.	Focal fibroids: 1 Yes	$_2$ No \longrightarrow GO TO 8	3 Not Mentioned → GO TO 8			
	7a. Was a specific number of fibroids mentioned?	1	number? # fibroids where multiple? 1 Yes 2 No			
	7b. Size of largest fibroid:	Size of largest fibroid: cm				
	7c. Is largest submucosal?	Yes 2 No	Not Mentioned			
	'd. Size of largest submucosal (largest dimension):					
	7e. Pedunculated fibroids: If yes, describe:	. 2				
8.	Endometrial (stripe) width:	# millimeters	Not seen/mentioned			
9.	Comments:					