Appendix

NAZARBAYEV UNIVERSITY
SCHOOL OF MEDICINE

Idiopathic Recurrent Pregnancy Loss (RPL)

Code: _____ **Name:** _____ **Enrollment:** ___ / ____ / ___

Age:_____ **Ethnicity:** ☐ Kazakh ☐ Russian ☐ Others

Physician: _____ **Institution:** _____ **Residence:** _____

Telephone: (home) _____ (mobile): _____

Height (m): _____ **Weight (kg):** _____ **BMI:**_____ **Waist:** _____ **Hip:** _____

Education: ☐ Elementary ☐ Intermediate ☐ Secondary/College ☐ University

Occupation: _____

Menarche: ____ **Menstrual function:** ☐ Regular ☐ Irregular, **if irregular** ☐ Amenorrhea

☐ Olygomenorrhea ☐ Polymenorrhea ☐ Hypermenorrhea ☐ Hypomenorrhea ☐ Menorrhagia

Gynecological illnesses: ☐ PCOS/PCOD ☐ Endometriosis ☐ PID ☐ Myoma ☐ Ovarian cyst

Gyn surgeries: ☐ No ☐ Yes; if yes, Type: _____

Family history of RPL: ☐ Yes ☐ No

Family economic status: ☐ Low ☐ Middle ☐ High

Patient History: Gravida: ____ Para: ____Alive children: ____

Abortions: ____Intentional___Sponatneous_____ Ectopic pregnancy: _____

Figure 1.

Infertility treatment: ☐ Folic acid ☐ Progesterone ☐ Clomid ☐ Metformin

☐ Aspirin ☐ LMWH ☐ Estrogen ☐ Gonadotrpin ☐ Vitamin B

Miscarriage	Pregnancy Type	Type of Miscarriage	Gestation (wk)
1	☐ Natural ☐ Assisted	☐ Induced ☐ Spontaneous	
2	☐ Natural ☐ Assisted	☐ Induced ☐ Spontaneous	
3	☐ Natural ☐ Assisted	☐ Induced ☐ Spontaneous	
4	☐ Natural ☐ Assisted	☐ Induced ☐ Spontaneous	
5	☐ Natural ☐ Assisted	☐ Induced ☐ Spontaneous	
6	☐ Natural ☐ Assisted	☐ Induced ☐ Spontaneous	
7	☐ Natural ☐ Assisted	☐ Induced ☐ Spontaneous	
8	☐ Natural ☐ Assisted	☐ Induced ☐ Spontaneous	

Figure 2.

Risk Factors

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

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

Infections

Toxoplasma	☐ Not sure ☐ No ☐ Yes	**Rubella**	☐ Not sure ☐ No ☐ Yes
HCMV	☐ Not sure ☐ No ☐ Yes	**Mycoplasma**	☐ Not sure ☐ No ☐ Yes
Chlamydia	☐ Not sure ☐ No ☐ Yes	**Ureaplasma**	☐ Not sure ☐ No ☐ Yes

Contraceptives: ☐ No ☐ Yes If Yes, Type: _____ Duration: _____

Smoking: ☐ No ☐ Yes ☐ Former; Frequency: ____/day **Alcohol Consumption:** ☐ No ☐ Yes

Any chronic disease for you: ☐ No ☐ Yes **For parents or siblings:** ☐ No ☐ Yes

Hypertension: ☐ No ☐ Yes; BP(mmHg): _____ **Anti-hypertensive:** ☐ No ☐ Yes, if yes, type ___

Diabetes: ☐ No ☐ Type 1 ☐ Type 2 ☐ Gestational **Age at diabetes onset**: _____

Thyroid: ☐ Normal ☐ Hypothyroidism ☐ Hyperthyroid **TSH:** _____ **T3:** _____ **T4:** _____

Venous Thrombosis: ☐ No ☐ Yes **Site:** ☐ DVT ☐ Pulmonary Embolism ☐ Others

Figure 3.

Chemistry/Laboratory Profile

Protein C	ESR	Glucose (mmol/L)
APC resistance	CRP	HbA1c
Factor XIII	Albumin	Insulin
Protein S (Total/Free)	Homocysteine	Total cholesterol
Anti-PL	Fibrinogen	Triglycerides
Anti-thrombin	Folate	LDL-cholesterol
Anti-cardiolipin	Vitamin D	HDL-cholesterol
I.N.R.	Vitamin B12	Lp(a)

Karyotyping

Type	Date	Result
Products of conception		
Mother		
Father		

Figure 4.