1. Records Available: (Check all that apply.)
   - [ ] OPERATIVE
   - [ ] PATHOLOGY
   - [ ] OTHER, SPECIFY: ____________________________

2. Date of Procedure: _______ / _______ / _______ (1 FORM PER DATE)
   - (month) (day) (year)

3. Preoperative Clinical Diagnosis from Operative Report: (Check all that apply.)
   - [ ] FIBROIDS
   - [ ] MENORRHAGIA
   - [ ] MENOMETRORRHAGIA
   - [ ] DYSMENORRHEA
   - [ ] PELVIC PAIN
   - [ ] INFERTILITY
   - [ ] UTERINE PROLAPSE
   - [ ] URINARY FREQUENCY/INCONTINENCE
   - [ ] ADHESIONS
   - [ ] ANEMIA
   - [ ] OTHER, SPECIFY: 1. ____________________________
   - [ ] 2. ____________________________
   - [ ] 3. ____________________________
   - [ ] 4. ____________________________
   - [ ] ENDOMETRIOSIS
   - [ ] ADENOMYOSIS
   - [ ] NOT MENTIONED
4. Findings:

4a. Adenomyosis?..........................................

4b. Fibroids? ................................................

4c. Adhesions? ............................................

4d. Ovarian cyst?........................................

4e. Other ....................................................

Specify:
1. 
2. 
3. 

5. Uterine and Other Fibroid Related Procedures:

01 TOTAL ABDOMINAL HYSTEROCTOMY
02 TOTAL VAGINAL HYSTEROCTOMY
03 PARTIAL ABDOMINAL HYSTEROCTOMY
04 PARTIAL VAGINAL HYSTEROCTOMY
05 MYOMECTOMY
06 UTERINE RESECTION
07 OTHER, FIBROID RELATED SPECIFY:

6. Were tubes or ovaries removed?

1 YES  2 NO [SKIP TO 7]

6a. What was performed? (Check all that apply.)

1 BILATERAL SALPINGOOPHORECTOMY
1 RIGHT SALPINGECTOMY
1 LEFT SALPINGECTOMY
1 RIGHT CYST REMOVAL
1 LEFT CYST REMOVAL
1 OTHER SURGERY
1 RIGHT OOPHORECTOMY
1 LEFT OOPHORECTOMY
1 OTHER, SPECIFY:

7. Operative Sizing of Uterus: __________ WEEKS

8. GnRH Analog Treatment Mentioned? 1 MENTIONED 2 NOT MENTIONED
9. Was uterus removed or measured?

1 □ YES 2 □ NO [SKIP TO 10]

9a. Uterine Size 1: Length □□□□ X Width □□□□ X AP □□□□ cm

Uterine Size 2: Length □□□□

Total: Length □□□□

(Check all organs being weighed.)

9b. Total Weight 1: □□□□ gms → 1 □ UTERUS 1 □ CERVIX 1 □ OVARIES

1 □ TUBES 1 □ OTHER, SPECIFY:

Surgical Findings:

10. Focal Fibroids? 1 □ YES 2 □ NO [SKIP TO 12] 8 □ DK [SKIP TO 12]

10a. Number noted by surgeon:

□□□□ → Length of largest: □□□□ cm

10b. Sizes noted by surgeon: (Check all that apply.)

1 □ SMALL 1 □ LARGE
1 □ MEDIUM 1 □ NOT MENTIONED

10c. Locations noted by surgeon: (Check all that apply.)

1 □ SUBMUCOSAL 1 □ SUBSEROSAL 1 □ NOT MENTIONED
1 □ INTRAMURAL 1 □ PEDUNCULATED
Pathology Findings (continued):

### 12. Endometrial Staging:

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<th>Mid</th>
<th>Late</th>
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</table>

### 13. Pathology Diagnosis of Other Uterine Pathology: (Check all that apply.)

- **Adenomyosis**
  - ☐ Mild
  - ☐ Extensive
  - ☐ Extent not mentioned

- **Endometriosis**

- **Cervicitis**
  - ☐ Chronic
  - ☐ Acute

- **Nabothian Cyst**

- **Other Uterine Pathology, Specify:**

- **Pathology Diagnosis Not Mentioned**

### 14. Other Pathology Diagnoses: (Check all that apply.)

- **Salpingitis**

- **Ovarian Cyst**

- **Other, Specify:**

- **Pathology Diagnosis Not Mentioned**