

CARDIA ID Label

FORM 9-PERIOD  
PAGE 1 of 1

CARDIA II

DATE OF CURRENT OR LAST MENSTRUAL PERIOD

\_\_\_\_/\_\_\_\_/\_\_\_\_  
exam date

1. Are you having your menstrual period today ? B09MPNOW

1 ☐ NO

2 ☐ YES

When did your last menstrual period begin ? ( Including current menstrual period, if applicable. )  
(RECORD RESPONSE VERBATIM, THEN RECORD OR CALCULATE DATE)

B09LMPDT

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

B09LMPXD

3 ☐ Exact date

4 ☐ Approximate date

\_\_\_\_ B09IVID INTERVIEWER ID

PERIOD