



PATIENT QUESTIONNAIRE: INFERTILITY

1. Please list all previous pregnancies: the year, how long to conceive, outcomes and any complications. If loss occurred, please list how far along you were and any procedures performed. For example, did loss occur at less than 12 weeks, 12 weeks to 20 weeks, or after 20 weeks? Did you have any procedures such as a suction D&C or dilation and evacuation, medical induction, or other surgery? Any preterm labor or early rupture of the amniotic membranes? Any gestational diabetes? Any infection? Any genetic abnormalities or birth defects? Any history of antibody reaction (especially if Rh-negative)?

2. Were any previous pregnancies achieved with your current partner? If so, which ones?

3. Your menstrual cycle:
 - a. How many days from the start of your period to your next start day?

 - b. What is your bleeding like and how long does it last?

 - c. Do you have pain and if so, how severe?

 - d. Have you used any ovulation timing techniques such as home LH monitoring?

4. How often do you engage in intercourse with your partner (how many times per week)? Do you have pain with intercourse?

5. What surgeries have you had?

6. What medical illnesses do you have? (i.e. thyroid disease, diabetes, high blood pressure, high cholesterol, history of endometriosis)

7. Are you taking medications? Please list all of your medications, as some may affect fertility:

8. Do you have any drug allergies (please list all, and type of reaction)? Are you allergic to latex?

9. Have you ever had an STD or pelvic infection? If so, what STDs have you had and what year did you have them? Were you treated?

10. Any abnormal pap smears or procedures to your cervix? Please list any cervical biopsies, dilation and curettage (D&C), and elective abortions and the year you had them.

11. Was your last pap smear normal and when did you have it?

12. Do you smoke? If so, how much and for how many years?

13. How often do you drink alcohol?

14. Any other drug or chemical exposure?

15. Are you exposed to any hazardous chemicals through your employment? If so, what?

16. Any family history of birth defects, mental retardation, early menopause, or infertility?