

**Fertility Patients:**

What age did you begin to menstruate?

Is your menstrual cycle regular?

How long is your cycle? (If day 1 is first day of flow, how many days until the next menses? )

Do you know if you ovulate and if so, approx. what day in your cycle?

What is the duration of your flow? (number of days)

Amount of flow - list size of pads/tampons and how often you need to change on your heaviest day(s).

What is the color of your flow? (bright red, dark red, purplish, brown, pink, etc.)

Do you notice clots in your flow?

How big are the size of your clots?

Do you have menstrual cramps before, during or after your menses?

How long do your cramps last?

Where are your cramps?       pelvic area     lower back     rectovaginal area     thighs/legs

Do you ever have bleeding or spotting any other time during the month except for your menses?

What symptoms/awareness of changes in body or emotions do you experience around ovulation?

Do you experience any of the following symptoms premenstrually?

- fluid retention     breast tenderness     headache     mood swings     food cravings
- insomnia             constipation or irregular bowel movements

How many times have you been pregnant?

How many live births?

Any miscarriages?

Any abortions?

What kind of contraception method have you used in the past?

Have you experienced any difficulties/side effects with your birth control method?

Do you have a history of sexual abuse or assault?

Have you seen a fertility clinic or Reproductive Endocrinologist? (please list)

Have you had any of the following procedures/tests? (check all that apply)

- 2<sup>nd</sup> or 3<sup>rd</sup> day serum FSH/Estrogen/Prolactin test       pelvic ultrasound  
 hysterosalpingography       cervical conization       D & C       laproscopy

Please list any/all gynecological surgeries & year performed:

Has your partner had a semen analysis?

Any abnormal results? (if so, describe)

Have you had any of the following fertility procedures?

- non-stimulated IUI       stimulated IUI       stimulated cycle w/o IUI       IVF       IVF w/ donor eggs

Are you exposed to toxic fumes/chemicals on a regular basis in the workplace or home? (describe)