

Too shy to ask the Dr! Fill in & print this to give to your doctor or physiotherapist.

This questionnaire is for you to take to your doctor to help make an assessment about your condition.

Name.....Date of birth.....My Dr.....

1. Which do you identify as?

Male	
Female	
Transgender	
Other	

2. Where is the problem area?

Inside the vagina	
Inside the penis	
In the testicles	
The pelvic floor muscles	
The clitoris	
The labia minora (lips)	
The labia majora (lips)	
Perineum (area between opening of vagina and anus)	
Lower back	
Lower abdominal area	

3. I have pain if...

I urinate	
Open my bowels	
Do kegels (pelvic floor exercises)	
Try to have intercourse	
Try to insert a tampon	
I try to pull the foreskin back from my penis	
Touch my genitals	
Ride a bike, horse etc	

4. The symptoms I have..

Burning and/or stinging during sex	
Feel as if there is a lump in my vagina	
Pain on any sort of penetration	
White spots around the labia areas	
Blisters / warts	

Bleeding (other than menstrual)	
White discharge	
Extreme itching in the genital area	
Unpleasant smell from the genital area	
Swelling in the genital area	

5. Have you had surgery within the past year?

Yes	
No	
If yes please name the procedure, doctor and hospital	

6. Within the last 10 years I have been diagnosed with

Vaginismus	
Dyspareunia (painful sex)	
vulvovaginal candidiasis (yeast vaginitis)	
Cancer (which part of the body)	
Vaginal atrophy (dry irritated vagina)	
Lichen sclerosis	
Vulvodynia (vestibulitis)	
Interstitial Cystitis/Painful Bladder Syndrome	
Fibroids	
Pelvic Organ Prolapse (which type & grade)	
Ehlers-Danlos Syndrome (EDS)	
Urinary incontinence	
Over active bladder	
Erectile dysfunction	
Prostatitis	

7. Within the last 10 years I have been treated for

STD's		Chlamydia	
Yeast Vaginitis		Hepatitis	
Venereal disease		HIV/AIDS	
Syphilis		Herpes genital	
Gonorrhoea		Trichomoniasis	
Bacterial vaginosis		Pelvic Inflammatory Disease (PID)	
Notes of dates and treatment:			

8. Have you used any medications, (oral or topical) for your condition? Write the names of the medications.

Oral OTC medication	
Oral medication prescribed by your doctor	
Herbal supplements	
Topical treatment creams	
Topical treatment powder	
Other	

9. I have given birth

Caesarean section no problems		I had lacerations	
Caesarean section with problems		I had tearing	
Natural delivery no problems		I had stitches	
Natural delivery with problems		Unpleasant smell from the genital area	
I had an episiotomy		I had a pelvic organ prolapse	
Other:			

10. Pregnancy

How many live childbirths in total?	
Vaginal	
Caesarean	
How many still born?	
How many miscarriages?	
How many abortions?	