

For Women Only

At what age did you start having periods?

YES NO

When was your last menstrual period?

Was it normal?

How frequently do you have periods?

YES NO

Do you have bleeding between periods?

YES NO

Do you have cramps that prevent you from doing your normal daily activities?

YES NO

Do you experience premenstrual physical or emotional symptoms? What?

To better assess your risk of cervical cancer, your age when you first had intercourse?

of pregnancies _____ # of deliveries _____ # of miscarriages _____
of abortions _____ # of C-sections _____ Date of last pregnancy _____

YES NO

Have you gone through menopause? When did you stop having periods?

If you have had a hysterectomy, what was the reason and when?

YES NO

Have you had any female surgery such as bladder repair?

YES NO

Have you had frequent vaginal infections?

YES NO

Have you had frequent urinary tract infections?

YES NO

Have you ever had any sexually transmitted diseases?

When and what type (e.g. herpes, chlamydia, warts)?

YES NO

Have you ever been the victim of sexual abuse, date rape, rape or sexual assault?

YES NO

Have you ever been told you have an infection in your tubes or uterus (PID)?

YES NO

Do you have pain with intercourse?

When was your last Pap smear?

YES NO

Have you ever had an abnormal Pap smear?

If yes, what was done to treat it?

When was your last mammogram?

YES NO

Have you ever had an abnormal mammogram?

YES NO

Have you ever had a breast biopsy?

YES NO

Do you have any other women's health care issues that you would like to discuss or on which you would like to get more information?