

## **QUESTIONNAIRE FOR WOMEN**

### **Personal Details**

Name

Address

Telephone

Email

Date of birth

Age

Occupation

Partner's name

Marital status

How long have you been together?

### **Medical Practitioners**

Doctor (GP)

Name

Address

Telephone

Fertility Clinic

Clinic name

Consultant's name

### **Fertility History**

Have you seen your GP about your fertility?

What diagnosis did you receive?

How long have you been trying for a baby?

Have you ever been pregnant?

Have you ever experienced a miscarriage?

If yes, please provide details of when and at what stage of pregnancy.

## **QUESTIONNAIRE FOR WOMEN**

*Do you or your partner have any children?*

*Please give details such as name and age.*

*Have you ever terminated a pregnancy?*

*Is this termination confidential?*

*What tests and investigations have you had? e.g. FSH, progesterone, scans*

*What medical treatments have you had for fertility? e.g. IUI, Comid, IVF*

Date	Treatment	Clinic	Outcome

*What complementary treatments have you had for fertility? e.g. acupuncture*

### **Menstrual Health**

*Have you ever used any form of contraception?*

*What, and for how long?*

*At what age did you start your periods?*

*What was this experience like for you?*

*Have you ever experienced irregular cycles?*

*Currently, how long is each cycle?*

## **QUESTIONNAIRE FOR WOMEN**

*How many days is your period?*

*Are they light, average or heavy?*

*Are your periods ever painful?*

*Do you experience any premenstrual symptoms?*

*Details*

*Do you use tampons, sanitary pads, moon cup or other?*

*Do you ovulate every month?*

*How do you know that you are ovulating?*

*Are you aware of your fertile time?*

*Do you monitor your cervical mucus secretions?*

### **General Health**

*Weight*

*Height*

*Do you / have you been diagnosed with:*

PCOS

Endometriosis

Fibroids

Gynaecological problems

*What health problems have you had in the past?*

*What health problems are you still experiencing?*

*Are you taking any medication?*

*Are you taking any other supplements, remedies or herbs?*

### **Sexual Relationship**

*Do you experience any difficulties in your sexual relationship?*

*Has trying for a baby affected your sex life?*

*How frequently do you have sex?*

## **QUESTIONNAIRE FOR WOMEN**

### **Family History**

*Is there any history of fertility problems in your family?*

*Is there any history of miscarriage?*

*Is there any history of birth trauma?*

*Are your parents still alive?*

*Are your parents still married?*

*How many brothers and sisters do you have?*

*What is your position in the family? (e.g. oldest, middle, 4th)*

*Do any of your siblings have children?*

### **Mental Health**

*Have you ever suffered from depression?*

*Have you ever suffered from any psychiatric condition?*

*Have you ever struggled with addiction?*

### **Lifestyle**

*How many hours do you sleep on average per night?*

*Do you exercise?*

*Details*

*What is your diet like?*

*Have you seen a nutritionist?*

*Do you smoke?*

*Do you take any recreational drugs?*

*How many hours a week do you work?*

*How much time do you spend commuting every day?*

*What are your interests and hobbies?*

*What else do you do to relax?*