

Gynecology Medical History

Name: _____	Date of birth: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Email: _____
Occupation: _____	Referred by: _____

Last pelvic exam: _____ Last pap smear: _____ Normal? Yes No

Last menstrual period: _____ Is there pain with your periods? Yes No

Does bleeding or spotting occur after intercourse? Yes No

Are you pregnant or trying to become pregnant? Yes No

What birth control method do you use? _____

Number of vaginal births: _____

Do you have a sexual partner? Yes No

Past OB/GYN surgeries or procedures (please provide approx. date):

1. _____
2. _____
3. _____
4. _____

Please check any symptoms you are experiencing:

- | | |
|---|---|
| <input type="checkbox"/> hot flashes | <input type="checkbox"/> night sweats |
| <input type="checkbox"/> vaginal dryness | <input type="checkbox"/> spotting after intercourse |
| <input type="checkbox"/> urine leakage | <input type="checkbox"/> pain with intercourse |
| <input type="checkbox"/> when coughing? | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> when laughing? | _____ |
| <input type="checkbox"/> when lifting or running? | |

Do you have symptoms of a urinary infection (urinary pain, urgency, or blood)? Yes No

Do you have symptoms of vaginitis (itching, burning, discharge, or odor)? Yes No

Gynecology Quick Checklist

Over the past month, please rate the severity of the following symptoms:

0 = not at all, 1 = mild problem, 2 = moderate problem, 3 = severe problem

- Libido (desire for sexual relations) _____
- Lubrication with intercourse _____
- Ability to become aroused with sex _____
- Ability to reach climax/orgasm _____
- Pain with intercourse _____
- Leakage of urine when straining
(cough, sneeze, lift, run, jump) _____

Please circle what best describes your vaginal anatomy currently

- 0 = very tight
- 1 = moderately tight
- 2 = mildly tight
- 3 = neither loose nor tight
- 4 = mildly loose
- 5 = moderately loose
- 6 = very loose

Please circle your overall satisfaction with your sexual health and function currently.

- 0 = very dissatisfied
- 1 = moderately dissatisfied
- 2 = mildly dissatisfied
- 3 = neither satisfied nor dissatisfied
- 4 = mildly satisfied
- 5 = moderately satisfied
- 6 = very satisfied

Female Sexual Function Index (FSFI)©

Name: _____

Date: _____

Date of Birth: _____

Instructions: These questions ask about your sexual feelings and responses during the past 4 weeks. Please answer the questions as honestly and clearly as possible. Your responses will be kept completely confidential. In answering these questions the following definitions apply:

- Sexual activity – can include caressing, foreplay, masturbation, and vaginal intercourse
- Sexual intercourse – is defined as penile penetration (entry) of the vagina
- Sexual stimulation – includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy
- Sexual desire or interest – is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex
- Sexual arousal – is a feeling that includes both physical and mental aspects of sexual excitement. It may include feelings of warmth or tingling in the genitals, lubrication (wetness), or muscle contractions

PLEASE CHECK ONLY ONE BOX PER QUESTION

1. Over the past 4 weeks, how often did you feel sexual desire or interest?
 - a. Almost always or always
 - b. Most times (more than half the time)
 - c. Sometimes (about half the time)
 - d. A few times (less than half the time)
 - e. Almost never or never
2. Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?
 - a. Very high
 - b. High
 - c. Moderate
 - d. Low
 - e. Very low or none at all

3. Over the past 4 weeks, how often did you feel sexually aroused (“turned on”) during sexual activity or intercourse?
 - a. No sexual activity
 - b. Almost always or always
 - c. Most times (more than half the time)
 - d. Sometimes (about half the time)
 - e. A few times (less than half the time)
 - f. Almost never or never
4. Over the past 4 weeks, how would you rate your level of sexual arousal (“turn on”) during sexual activity or intercourse?
 - a. No sexual activity
 - b. Very high
 - c. High
 - d. Moderate
 - e. Low
 - f. Very low or none at all
5. Over the past 4 weeks how confident were you about becoming sexually aroused during sexual activity or intercourse?
 - a. No sexual activity
 - b. Very high confidence
 - c. High confidence
 - d. Moderate confidence
 - e. Low confidence
 - f. Very low or no confidence
6. Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity or intercourse?
 - a. No sexual activity
 - b. Almost always or always
 - c. Most times (more than half the time)
 - d. Sometimes (about half the time)
 - e. A few times (less than half the time)
 - f. Almost never or never
7. Over the past 4 weeks, how often did you become lubricated (“wet”) during sexual activity or intercourse?
 - a. No sexual activity
 - b. Almost always or always
 - c. Most times (more than half the time)
 - d. Sometimes (about half the time)
 - e. A few times (less than half the time)
 - f. Almost never or never

8. Over the past 4 weeks, how difficult was it to become lubricated (“wet”) during sexual activity or intercourse?
 - a. No sexual activity
 - b. Extremely difficult or impossible
 - c. Very difficult
 - d. Difficult
 - e. Slightly difficult
 - f. Not difficult
9. Over the past 4 weeks, how often did you maintain your lubrication (“wetness”) until completion of sexual activity or intercourse?
 - a. No sexual activity
 - b. Almost always or always
 - c. Most times (more than half the time)
 - d. Sometimes (about half the time)
 - e. A few times (less than half the time)
 - f. Almost never or never
10. Over the past 4 weeks, how difficult was it to maintain your lubrication (“wetness”) until completion of sexual activity or intercourse?
 - a. No sexual activity
 - b. Extremely difficult or impossible
 - c. Very difficult
 - d. Difficult
 - e. Slightly difficult
 - f. Not difficult
11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)?
 - a. No sexual activity
 - b. Almost always or always
 - c. Most times (more than half the time)
 - d. Sometimes (about half the time)
 - e. A few times (less than half the time)
 - f. Almost never or never
12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how difficult was it for you to reach orgasm (climax)?
 - a. No sexual activity
 - b. Extremely difficult or impossible
 - c. Very difficult
 - d. Slightly difficult
 - e. Not difficult

13. Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse?
- No sexual activity
 - Very satisfied
 - Moderately satisfied
 - About equally satisfied and dissatisfied
 - Moderately dissatisfied
 - Very dissatisfied
14. Over the past 4 weeks, how satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner?
- No sexual activity
 - Very satisfied
 - Moderately satisfied
 - About equally satisfied and dissatisfied
 - Moderately dissatisfied
 - Very dissatisfied
15. Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?
- Very satisfied
 - Moderately satisfied
 - About equally satisfied and dissatisfied
 - Moderately dissatisfied
 - Very dissatisfied
16. Over the past 4 weeks, how satisfied have you been with your overall sexual life?
- Very satisfied
 - Moderately satisfied
 - About equally satisfied and dissatisfied
 - Moderately dissatisfied
 - Very dissatisfied
17. Over the past 4 weeks, how often did you experience discomfort or pain during vaginal penetration?
- Did not attempt intercourse
 - Almost always or always
 - Most times (more than half the time)
 - Sometimes (about half the time)
 - A few times (less than half the time)
 - Almost never or never

18. Over the past 4 weeks, how often did you experience discomfort or pain following vaginal penetration?
- Did not attempt intercourse
 - Almost always or always
 - Most times (more than half the time)
 - Sometimes (about half the time)
 - A few times (less than half the time)
 - Almost never or never
19. Over the past 4 weeks, how would you rate your level (degree) of discomfort or pain during or following vaginal penetration?
- Did not attempt intercourse
 - Very high
 - High
 - Moderate
 - Low
 - Very low or none at all

