

## CONFIDENTIAL FERTILITY QUESTIONNAIRE

Please answer the following questions. This information is completely confidential.

There are some very personal questions and if you feel uncomfortable, you can leave them blank.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Has your physician given you a reason for your infertility? If so, please explain: \_\_\_\_\_

Have you ever been pregnant before?  Yes  No

Have you ever had any of the following?

Abortion  Blighted Ovum  Miscarriage  Chemical Pregnancy

Do you have any children?  Yes  No

If so, how many and how old are they? \_\_\_\_\_

Did you have:  Vaginal Birth/s  C-Section

### FERTILITY HISTORY

1. How long did you try to get pregnant naturally? \_\_\_\_\_
2. Have you had any of the following tests or surgeries?
  - Hysterosalpingogram  Fibroid Removal  Cyst Aspiration
  - Tube Removal  Ovary Removal
3. Have you had any of the following conditions?
  - Fibroids  Ovarian  Cysts  Blocked Tubes  Endometriosis  Fibromyalgia
  - Lupus  Chronic Fatigue Syndrome  Lacking Anti-Coagulant in Blood
4. Has your husband been examined by a physician?  Yes  No
5. Were any of the following problems found:
  - Low sperm count  Poor morphology  Sperm unable to penetrate egg  Varicocele
6. Are you going to be having any medical procedures performed?
  - IVF  Frozen Embryo Transfer  IUI If so, approximately when? \_\_\_\_\_
7. Have you had any of the following procedures previously? If so, please list the date:
  - IVF \_\_\_\_\_  Frozen Embryo Transfer \_\_\_\_\_  IUI \_\_\_\_\_
8. Are you currently on any infertility medications?  Yes  No Please list: \_\_\_\_\_
9. Have you ever tested positive for hypothyroidism or hyperthyroidism?  Yes  No
10. How many days is your cycle? (i.e., 28 days) \_\_\_\_\_
11. How long is your menses? (i.e., 5 days) \_\_\_\_\_
12. Please check the daily description of your menstrual flow:

	Light	Medium	Heavy
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
More than 5 Days			

13. What color is the blood of your menstrual flow?
  - Light, watery red  Bright Red  Dark Red  Brown  Clots
14. Do you have pain during intercourse?  Yes  No
15. Do you get PMS?  Yes  No Please list your primary symptoms: \_\_\_\_\_
16. Do you get cramps on your period?  Yes  No If so, what day/s? \_\_\_\_\_

17. Have you ever had an abnormal pap smear? Yes No If so, when and how was it resolved?  
\_\_\_\_\_
18. Do your breasts become tender before/during your period? Yes No
19. Do you have fibrocystic breast disease? Yes No Unknown
20. Have you ever had or do you currently have any breast lump/s? Yes No  
If so, did you have any treatment for them?\_\_\_\_\_
21. Do you have a history of breast cancer? Yes No If so, please list who had breast cancer in  
your family \_\_\_\_\_
22. Have you ever taken your basal body temperatures? Yes No
23. If so, what was your average temperature?\_\_\_\_\_
24. Do you have high blood pressure? Yes No
25. Do you have any heart problems? Yes No  
If so, please describe:\_\_\_\_\_
26. How is your stress level?                      Low Stress    Medium Stress    High Stress
27. Do you exercise? Yes No If so, please list the type/s of exercise and how often \_\_\_\_\_  
\_\_\_\_\_
28. What do you do for relaxation?\_\_\_\_\_
29. Have you had any counseling since trying to become pregnant? Yes No
30. Have you ever been molested or raped? Yes No

Thank you for your help in answering these questions. We look forward to working with you.