



Before your examination, please fill out this questionnaire.

REASON FOR VISIT

pregnancy test, irregular bleeding, lower abdominal pain,
irregular discharge, itch(or pain)in the external genitalia,
cancer screening, infertility counseling,
contraception, changing menstrual cycle, induced abortion,
others ()

MENSTRUATION

When did you have the first menstruation ?

For those who still have menstruation:

blood flow of menstruation (large, small)

You menstruate (regularly, irregularly)

Your last menstruation was from () to ()

CONCERNING YOUR MARRIAGE, PREGNACY AND DELIVERY

Have you experienced sexual intercourse ?

(yes, no)

Have you been pregnant before ?

(yes, no)

number of pregnancies ()

number of deliveries ()