

FERTILITY QUESTIONNAIRE

Patient Name: _____

Do you have a medical diagnosis? (i.e. PCOS, endometriosis, fibroids, unexplained infertility, poor ovarian reserve, male factor) _____

Age at Menarche (start of menses) _____

MENSTRUAL CYCLE CHARACTERISTICS

Have you used a form of birth control? (pills, patches, shots, IUD) yes no.

If yes, what forms were used and at what age(s)? _____

Describe your menses during the past few years: back pain clots headaches extended spotting heavy flow
 light flow painful abdominal cramps irregular PMS less days more days

Comments: _____

First day of last menstrual period (date): _____ Length of period (days): _____ Length of monthly cycle (days): _____

Color of blood: watery pink red bright red dark red brown black purple _____

Describe the beginning of the menses flow spotting light medium heavy

Describe the middle of the menses flow spotting light medium heavy

Describe the end of the menses flow spotting light medium heavy

Do you experience clotting? yes no. If yes, describe clots: stringy small dots large clumps

List any major changes in your cycle in the past few years? _____

Describe any additional menstrual cycle problems over the years. _____

MEDICATIONS / HERBS / SUPPLEMENTS / TESTING

List any medications you are currently taking: _____

List any herbs or supplements you are currently taking: _____

Describe any diagnostic tests taken: HSG: yes no Findings _____

Sono-hystogram: yes no findings _____ Lap: yes no findings _____

List your most recent Day 3 hormone levels for the following: FSH: _____ LH: _____ Estradiol (E2): _____

Prolactin: _____ Testosterone: _____

List your most recent 6 DPO (days past ovulation) progesterone levels: _____

Have you had any thyroid tests? yes no. If yes, what are the following levels: TSH: _____ Free T3: _____

Free T4: _____ Anti-TPO: _____ Anti-TG: _____

CLOMID / INJECTABLE MEDS

➤ How many rounds of **clomid (without IUI)** have you done? _____ When? (month/year) _____

Outcome: no pregnancy chemical pregnancy miscarriage pregnancy

➤ How many rounds of **clomid (with IUI)** have you done? _____ When? (month/year) _____

Outcome: no pregnancy chemical pregnancy miscarriage pregnancy

➤ How many rounds of **injectable meds (with IUI)** have you done? _____ When? (month/year) _____

Outcome: no pregnancy chemical pregnancy miscarriage pregnancy

IVF

Have you done IVF? yes no. If yes, how many rounds? _____

➤ **IVF #1:** Date: _____ Name of protocol: _____ Number of eggs retrieved: _____

How many fertilized _____ ICSI: yes no How many transferred _____ Transferred on Day 2 3 4 5

Outcome: no pregnancy chemical pregnancy miscarriage pregnancy

➤ **IVF #2:** Date: _____ Name of protocol: _____ Number of eggs retrieved: _____

How many fertilized _____ ICSI: yes no How many transferred _____ Transferred on Day 2 3 4 5

Outcome: no pregnancy chemical pregnancy miscarriage pregnancy

➤ **IVF #3:** Date: _____ Name of protocol: _____ Number of eggs retrieved: _____

How many fertilized _____ ICSI: yes no How many transferred _____ Transferred on Day 2 3 4 5

Outcome: no pregnancy chemical pregnancy miscarriage pregnancy

SEMEN ANALYSIS RESULTS Age: _____ Morphology: _____ Count: _____ Motility: _____

Forward Progression: 1.0 1.5 2.0 2.5 3.0 3.5 4.0

Please add any additional comments about you and your health here: _____

