

# Information that you may be asked to provide during the initial consultation

## ***Information about your current complaint:***

- . How long you have been suffering from the current condition? Is it getting worse, the same or improving?
- . How much is the impact of the current condition on your normal daily life?
- . Have you tried any treatment? What was the treatment and its effect on the condition?

## ***General information:***

- . The date of the last menstrual period.
- . The date of the last smear (cervical cytology).
- . The date and type of previous operations.
- . Medical conditions that you may have.
- . Medications that you may be taking and doses.
- . Any known allergies especially to medications.
- . Family history of any medical conditions.
- . Do you do pelvic floor muscles exercises? Who instructed you to do the exercises? How frequently do you do them?

## ***Information about menstrual periods:***

- . Are the periods regular (i.e. do you know roughly when the next period would be)?
- . How frequently do you have your periods?
- . How many days do they last for?
- . How heavy are the periods? Do you pass any blood clots (what size?), how many pads you have to use every day during the period?

- . Any pain related to periods and when does it start, last and end?
- . For any treatment you may have already received; what was it? For how long did you use it? Did you experience any improvement?

### ***Information about waterworks (urinary) symptoms:***

- . Please fill a "Bladder Diary" for 3 days. This is very helpful to gather information about how many times you need to pass water every day and how much, how frequent do you feel intense urge to void, how many times do you leak urine? and how much do you drink every day?
- . If you leak urine; does it occur on physical activities (walking, running, climbing, exercising, etc.), coughing, sneezing [stress incontinence]? or when you feel the desire to pass water but you leak before you reach the toilet as you cannot stop this intense desire [urge incontinence]?
- . When you pass urine do you experience any delay in starting the urine flow? Is the urine flow weak or interrupted? Do you feel that you empty the bladder? Do you dribble urine after you feel that you have emptied the bladder?
- . Do you feel that it burns when you pass urine? Do you have any other pain related to voiding urine? Does it get better or worse when you pass water?
- . If you have a problem with bladder infection (cystitis or UTI); how many times did you suffer from this infection over the last six months? Do you take antibiotics from your GP? Do you have a urine sample examined when you get the infection? What is the name of the last antibiotic that you were given? Do you have allergy to any antibiotic?
- . For any treatment you may have already received; what was it? For how long did you use it? Did you experience any improvement?

### ***Information about pain symptoms:***

- . What type of pain do you suffer from (sharp, stabbing, dull ache, spasm or cramp-like, etc.)?
- . Is the pain continuous or intermittent? If it is intermittent; how frequently does it occur and for how long it last each time?

- . What makes the pain worse (physical activity, lifting, bending, eating, full bladder or full bowel, passing urine, opening the bowel, periods [before, during or after], intercourse?
- . What makes the pain better (medication, resting, opening the bowel, emptying the bladder, etc.)?

For any treatment you may have already received; what was it? For how long did you use it? Did you experience any improvement?

## ***Information about vulval symptoms:***

The skin surrounding the entry to the vagina is called the vulva. Just like skin in other parts of the body, the vulva can sometimes become irritated.

The following questions will ask you about your vulvar skin symptoms during the past week.

During the past week, have you been bothered by:

1. Vulval itching? No /Yes  
If yes; it is Mild/Moderate/Severe
2. Vulval burning or stinging? No /Yes If yes; it is Mild/Moderate/Severe
3. Vulval hurting? No /Yes  
If yes; it is Mild/Moderate/Severe
4. The vulva being irritated? No /Yes If yes; it is Mild/Moderate/Severe
5. The vulva being dry? No /Yes  
If yes; it is Mild/Moderate/Severe
6. Discharge from your vulva or vagina? No /Yes  
If yes; it is Mild/Moderate/Severe
7. Odour from your vulva or vagina? No /Yes If yes; it is Mild/Moderate/Severe
8. The effects of your vulvar symptoms on your sexual relationships? No /Yes  
If yes; are they causing pain (No /Yes) – dryness (No /Yes) - bleeding (No /Yes)?

***For Specific information on your condition please visit “Gynaeinfo.com”***