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SONOHYSTEROGRAPHY STUDY QUESTIONNAIRE

Patient Name: ______________________ Date: __________

Age: ______ Weight: ______ Height: ______

1. Are you post-menopausal? ○ YES ○ NO Are you on Hormone Replacement (HRT)? ○ YES ○ NO
   (If you answered YES to question #1 go to question #4)

2. What day of your menstrual cycle is today (Day of Sono Exam)? (The first day of bleeding is day one)
   Day: ______

3. Are your cycles regular? ○ YES ○ NO
   If not, how often do you get your period?: ______

4. Do you have episodes of abnormal vaginal bleeding? ○ YES ○ NO
   (eg.. bleeding which is unusual in amount or timing, e.g. after intercourse, before your period, in the middle of your cycle) **If so, please describe**: ______

5. Have you ever had:

Fibroids	○ YES	○ NO	Hysteroscopy	○ YES	○ NO
Endometriosis	○ YES	○ NO	Laparoscopy	○ YES	○ NO
Uterine Polyps	○ YES	○ NO	D & C	○ YES	○ NO
Endometrial Biopsy	○ YES	○ NO	Sonohysterography (“sono”)	○ YES	○ NO

   A Dye test (to check your fallopian tubes) ○ YES ○ NO
   Surgery on your uterus, tubes or ovaries ○ YES ○ NO

6. Pregnancy History
   Years of infertility ______
   Number of pregnancies: ______ Number of Children: ______ C-section ○ YES ○ NO
   Number of miscarriages: ______ →In which trimester? ○ 1st ○ 2nd ○ 3rd
   Number of ectopic pregnancies: ______ Number of therapeutic abortions: ______

7. Are you **currently trying to conceive** or **planning pregnancy in the future**? ○ YES ○ NO

8. Have you ever had **a pelvic infection requiring antibiotics (PID)**? ○ YES ○ NO

9. Do you have **any medical conditions**? ○ YES ○ NO
   If so, please describe: ______

10. Do you have allergies to drugs? ○ YES ○ NO Allergy to Latex? ○ YES ○ NO
    If so, please describe: ______

11. Do you take **any medications**? ○ YES ○ NO Have you recently taken **any antibiotics**? ○ YES ○ NO
    If so, please describe: ______

12. Do you want a copy of today results to go to another doctor besides the doctor who sent you today? (family doctor, specialist) **If so, please give name, address and phone number**
    ______