



Vulvar & Vaginal Complaints Questionnaire

Do you have any of the following? Please circle all answers that apply AND indicate their severity using a scale from 0 (no pain or discomfort) to 10 (the most severe pain/discomfort you have ever had):

Painful intercourse with insertion 0 1 2 3 4 5 6 7 8 9 10	Painful intercourse with penetration 0 1 2 3 4 5 6 7 8 9 10	Burning after intercourse 0 1 2 3 4 5 6 7 8 9 10
Vaginal discharge (inside) 0 1 2 3 4 5 6 7 8 9 10	Vaginal burning 0 1 2 3 4 5 6 7 8 9 10	Vaginal itching 0 1 2 3 4 5 6 7 8 9 10
Vulvar burning (outside) 0 1 2 3 4 5 6 7 8 9 10	Vulvar Itching 0 1 2 3 4 5 6 7 8 9 10	Vulvar pain 0 1 2 3 4 5 6 7 8 9 10

Other _____

How long have you had these symptoms? ____years ____months ____weeks

In your opinion, is any event in your life associated with onset of this problem?

Have you been given a diagnosis for this problem by another physician? Yes No

If yes, what was it? _____

Have you had previous vulvar biopsies for this condition? Yes No

If you have received any treatment for it, please list all medications and other remedies you have tried in the past:

What medications, creams, ointments, if any, are you currently using?

Do your symptoms interfere with any activities? No Yes (please list): _____

Does your sexual partner have symptoms of irritation, itching, burning or discharge? Yes No

Product Use and Personal Hygiene Preferences:

What Laundry detergent do you use (please list brand name):

Do you use a fabric softener:

_____ No _____ Yes, Brand: _____ How often: _____

What is the brand of your body soap? _____

Do you douche?

_____ No _____ Yes, What kind? _____ How often? _____

Do you ever use any feminine hygiene sprays, powders, perfumes, washes, or towelettes?

_____ No _____ Yes, List _____

Do you use bath oils, bubble bath or bath salts?

_____ No _____ Yes, List _____

What toilet paper do you use (brand, color, scented or not)?

Do you use tampons? Yes No

Brand _____ Deodorized/Scented? Yes No

What about pads? Brand _____ Deodorized/Scented? Yes No

What type of underwear do you wear?

Style (bikini, thong, etc): _____ All cotton _____ Nylon with cotton liner _____

Do you use any lubricants or spermicides with intercourse? _____ No _____ Yes, List

How many times a day do you wash the vulvar area? _____

Water temperature with washing : _____ Hot _____ Warm _____ Cool

Do you use a wash cloth to wash the vulvar area? _____ No _____ Yes