HYSTEROSONOGRAPHY QUESTIONNAIRE

Your physician has referred you for a special ultrasound examination of the uterus. Please answer the following questions. Be assured that your answers will be kept confidential.

1. Why are you having this examination? ___________________________________________________________

2. Have you ever been pregnant before? □ Yes □ No  
   Number of live births: _______  
   Number of vaginal deliveries: _______  
   Number of miscarriages/still births: _______

3. Could you possibly be pregnant at this time? □ Yes □ No

4. Counting from the first day of your last menstrual period as day #1, today is day # _______ of your cycle.

5. What day of your cycle do you usually ovulate? _______

6. Have you ever had this type of examination done before? □ Yes □ No  
   - If yes, list the date and where it was done. ______________________________________________________
   - If yes, did you experience any difficulty during the exam? _____________________________________________

7. Have you had any other pelvic tests/procedures relating to your diagnosis, i.e., ultrasound, pelvic laparoscopy, D&C, tubal ligation?

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<thead>
<tr>
<th>DATE</th>
<th>PROCEDURE/EXAM</th>
<th>RESULTS</th>
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8. Have you had any pelvic infections? □ Yes □ No  
   If yes, give dates: ___________________________

9. Do you have any allergies? □ Yes □ No  
   If yes, please list: ___________________________

10. Have you taken any medication in preparation for this exam? □ Yes □ No  
    If yes, please list: ___________________________

______________________________________________ _______________ __________ A.M./P.M.
[Signature of Patient/Parent/Conservator/Guardian]      [Date]            [Time]

______________________________________________ _______________ __________ A.M./P.M.
[Signature of Technologist]                          [Date]            [Time]