

Questions for the woman

Surname _____

Height _____

First name _____

Weight _____

Date of Birth _____

Occupation _____

Address: _____

Fertility-clinic: _____

How long have you been together without contraception?

Do you smoke?

If yes, how many cigarettes do you smoke per day?

If yes, how many years have you been smoking?

If no, have you ever smoked?

If yes, how many cigarettes did you smoke per day?

If yes, how many years did you smoke?

Do you drink alcohol?

If yes, how many units per week do you drink?

Do you have a special diet?

If yes, what diet are you on?

If yes, what reason are you on a special diet?

For how long?

Are you vegan or vegetarian?

General health

Have you had any allergies?

If yes, what are they?

Have you had any surgery in the past?

If yes, what and when?

Are you on any long-term medication?

If yes, give details

Are you aware of any history of genetic/hereditary illness in your family?

Have you ever had any of the following (answer yes or no to each)

- HIV
- Hepatitis B/C
- Chlamydia
- Migraine
- High blood pressure
- Herpes
- Cystitis
- Thyroid problems
- Pelvic inflammatory disease (PID)

- Abnormal smear tests
- Diabetes
- Radiotherapie/Chemotherapie

Previous obstetric history

Have you ever been pregnant?

If yes, was the pregnancy with your current partner?

If yes, how many pregnancies have you had? Please specify dates:

If yes, how many full-term pregnancies have you had?

If you had a full-term pregnancy, how did you give birth (was the delivery by caesarean-section or vaginal?)

If you had a full-term pregnancy, have you ever had any complications during or after the delivery?

Have you ever had a termination in the past?

If yes, when was it?

Have you experienced an ectopic pregnancy?

If yes, did you have your tube removed surgically?

Have you experienced a miscarriage?

If yes, how many miscarriages have you had?

If yes, at how many weeks did your miscarriage occur?

If yes, did you require an evacuation of retained products of conception (ERPC) after the miscarriage?

Have you had surgery to remove a fibroid?

Previous investigations:

Have you had a laparoscopy?

Have you had a hysteroscopy?

Have you had a tubal patency test?

Have you had an ultrasound scan?

If yes, when was the latest scan you had?

Have you had any hormone tests?

If yes, please list the test results

FSH (day 1-5)

LH (day 1-5)

Oestradiol (day 1-5)

Prolaktin (day 1-5)

AMH (ZT 3)

Progesteron (day 21)

Thyroid:

THS

FT4

FT3

How was the quality of the eggs / embryos?

If you have had several cycles: has the quality of eggs/ embryos changed?

- Were you prescribed ASS 100, Heparin or Clexane for blood clotting?
- Progesterone (Utrogest)
- Stereoids für NK-cells?