

## Checklist for Pelvic Pain

The student asks the following questions:

- Are you having any vaginal discharge, abnormal bleeding, pelvic pain, or urination problems?
- Are you experiencing fever or chills?
- Are you having pain with intercourse? If so, is the pain with initial penetration or pain with deep thrusting penetration?
- What is the date of your LMP?
- Do you use any barrier method of protection?
- Have you or your sexual partner ever been treated for a STD?
- Are you using any contraception? If so, what kind?
  
- What was the date of your last sexual encounter, and how many sexual partners do you have? How many sexual partners does your partner have?
- Are you having vaginal, oral, and/or anal intercourse?
- Do you use sexual aids or instruments?
- Do you engage intravenous drug use, share needles, or exchange sex for drugs?
- Do you use hot tubs frequently?
- Have you had sex against your will?
- Do you have painful menses or heavy flow?
- Have you been hit, kicked, slapped, or punched?