

Questionnaire – Social Freezing

Surname: First name: Date of birth:

Address:

Telephone Nr. Private: Mobile: Business:

Medical Insurance Occupation:

Gynaecologist Email address:

Appointed day Appointed time

1. When did you have your first period? at approx years of age

2. When did your breasts start to develop? at approx years of age

3. Have you ever had regular periods without taking hormone supplements (e.g. the Pill) ?
 yes no

4. Are your periods regular and how many days are there from day 1 of a period till day 1 of the next cycle without taking medication?

- regular between and days
- irregular between and days/weeks/months
- I haven't had a period for weeks/months/years

5. How many days on average does your period last? days

Have you had bleeding between your periods (intermenstrual bleeding)?
 no yes

If yes, when does the intermenstrual bleeding take place
 early in the cycle
 later in the cycle

6. Have you had any problems with your breasts? no yes

If yes, what type? treatment

7. Have you been pregnant before? no yes

8. Have you experienced problems in previous pregnancies no

- Problems with the development of the placenta
- Fever/ inflammation after the birth/ abortion or miscarriage

9. Did you or do you have any pelvic disorders? no if yes

- Ovarian cysts
- Endometriosis
- Fibroids (Myomata)
- Pelvic infection (Salpingitis)
- Blocked tubes (Hydrosalpingx)

In which year

How were you treated (medication/ operation)?.....

