

# Self-Administered Preconception Questionnaire

---

The following reproductive health questionnaire, developed at an OTA workshop held in Seattle, WA, is intended for self-administration by young adults. Each question is accompanied by an informative response. This particular questionnaire is presented solely for illustrative purposes and has not been tested or validated. It is intended to illustrate the type of questionnaire that could identify men and women who may have a problem that might render them infertile in the future (1).

## *Questions for Men*

Do you feel that having children is very important to your goals in life?

*If you do, you should develop 5- and 10-year life plans that will include the opportunity to conceive and have children.*

Have you considered the role of children in a marriage and, if you are in a long-term relationship, reached an understanding regarding number of children and when you plan to have them?

*If you are involved in a significant relationship, you should initiate discussion on these issues.*

Have you had unprotected intercourse for more than 1 year without your partner becoming pregnant?

*You or your partner may be infertile.*

True (yes) or false (no), a woman is only fertile 1 day a month?

*If you answered no, you may misunderstand the relationship between the timing of sex and pregnancy. Seek further information.*

Have both of your testes been in your scrotum since birth? If not, have you had surgery or hormonal treatment?

*Consult your physician.*

Are you experiencing, or have you experienced, frequent urination or a discharge or burning during urination?

*You may have an infection that could affect your future fertility and that of women with whom you have had sex. See your physician and tell your sex partner(s) to see one also.*

Is one of your testes significantly larger than the other?  
*You could have a low sperm count. Consult your physician.*

Have you ever had a lump in the groin, or significant pain of the testes or scrotum?

*This lump or pain may indicate that you may have problems producing sperm. Consult your physician.*

Have you ever noticed an extra fullness or pressure in the scrotum or been told that you have varicose veins in the scrotum?

*You could have a varicocele or varicose veins in the scrotum. Consult your physician, who may examine your scrotum and do a semen analysis and sperm count.*

Do you use alcohol, cigarettes, marijuana, cocaine, or prescription drugs?

*Use of these products may reduce your fertility. Seek further information regarding their potential effects on your fertility.*

Have you been exposed to radiation, chemotherapy, pesticides, or other chemicals, or to diethylstilbestrol (DES) when your mother was pregnant with you?

*You could have decreased sperm production as a result of this exposure. Consult your physician, who may do a semen analysis and sperm count.*

Have you ever had an operation on your testes or hernia repairs in the lower abdominal region?

*You may have reduced fertility. Consult your physician.*

Do you have more than 10 alcoholic drinks per week?

*You may have semen abnormalities. Consult your physician, who may do a semen analysis and sperm count.*

Do you frequently take hot tubs or saunas, or have other chronic heat exposure?

*You may have reduced fertility.*

Can you name all of your sexual partners?

*Multiple sexual partners expose you to increased risk of acquired immunodeficiency syndrome (AIDS), gonorrhea, herpes, and other conditions*

*that can lead to infertility, significant illness, or even death. It is important to consider the consequences of your sexual activity.*

Have you had difficulty in achieving or sustaining penile erections (potency) or sexual arousal (libido) sufficient to successfully initiate or complete sexual intercourse?

*You could have a problem with the functioning of your testes.*

Have you ever been treated for cancer or lymphoma?

*You could have a low sperm count. Consult your physician.*

Following urination, do you continue to dribble a few drops of urine or stain your underwear with urine?

*This might affect your general health or your potential fertility. You probably have an infection of the prostate gland. Consult with your physician, who will need to examine you and possibly prescribe antibiotics.*

Do you know how to avoid getting a venereal disease?

*Venereal disease can be minimized by limiting the number of sexual partners and by using barrier methods of contraception (i.e., condom, diaphragm, or contraceptive sponge, in concert with foams or jellies).*

### **Questions for Women**

Do you feel that having children is very important to your goals in life?

*If you do, you should develop 5- and 10-year life plans that will include the opportunity to conceive and have children.*

Have you considered the role of children in a marriage and, if you are in a long-term relationship, reached an understanding regarding number-of children and when you plan to have them?

*If you are involved in a significant relationship, you should initiate discussion on these issues.*

Have you had unprotected intercourse for more than 1 year without becoming pregnant?

*You or your partner may be infertile.*

True (yes) or false (no), a woman is only fertile 1 day a month?

*If you answered no, you may misunderstand the relationship between the timing of sex and pregnancy. Seek further information.*

Have you had a ruptured appendix and an appendectomy?

*You may have pelvic adhesions reducing your fertility. Consult your physician.*

Have you ever had profuse vaginal discharge associated with pelvic pain?

*You may have a pelvic infection. Consult your physician to evaluate this history of infection.*

Have you been exposed to radiation, chemotherapy, pesticides, or other chemicals, or to diethylstilbestrol when your mother was pregnant with you?

*You may have an increased risk of pregnancy complications. Consult your physician for evaluation of DES exposure.*

Is your weight significantly above or below what it should be?

*Your fertility may be compromised. Seek information regarding a program for weight management.*

Do you have a significant amount of pain with your periods or at the time of intercourse?

*You may have endometriosis, a condition associated with infertility. Consult your physician.*

Have you ever been treated for fallopian tube infection, fallopian tube inflammation (salpingitis), uterine infection, or pelvic inflammatory disease?

*Fallopian tube infection can cause blocked or damaged fallopian tubes that prevent pregnancy.*

Are you currently using an intrauterine device (IUD) for contraception?

*You are at increased risk of tubal infection, which can cause infertility. If you are using the Dalkon shield, have it removed. If you are using another type of IUD, consult your physician.*

Have you noticed any increase in the amount or thickness of hair on your face, chest, or abdomen?

*You could have a common hormone imbalance that might effect your general health or your potential fertility. Consult your physician who might perform laboratory testing to identify a particular abnormality.*

Have you ever had an episode of abdominal pain, abnormal vaginal discharge, fever, or bleeding within a few weeks of an abortion or delivery?

*You may have had a fallopian tube infection.*

Do you have a white or milky discharge from your nipples that can be increased with gentle pressure?

*You may have an elevated prolactin level. Consult your physician for a simple blood test.*

Can you name all of your sexual partners?

*Multiple sexual partners expose you to increased*

*risk of AIDS, gonorrhea, herpes, pelvic inflammatory disease, and other conditions that can lead to infertility, significant illness, or even death. It is important to consider the consequence of your sexual activity.*

Do you exercise vigorously (e.g., swimming, running, bicycling) for more than 60 minutes daily?

*You may be at risk for an ovulatory problem. If you menstruate less frequently than once every 40 days, consult your physician.*

Has a sexual partner ever complained of burning during urination or pain at the time of ejaculation?

*Your partner may have had a sexually transmitted disease he could pass to you. Consult your physician regarding evaluation for history of infection.*

Do you smoke more than one pack of cigarettes per day?

*Smoking may be associated with difficult conceiving and carrying a successful pregnancy to term. Stop smoking!*

Have you ever had a pregnancy in the fallopian tube (an ectopic pregnancy)?

*You may have fallopian tube damage.*

Are you considering postponing childbearing beyond age 30 for work, school, or other personal reasons?

*Fertility decreases with age. You might wish to have children sooner.*

Did you have your first menstrual period at the same time as your classmates?

*If you had a delay of several years in the time of your first menstrual period, you are at risk of having problems with ovulation.*

Do your mother or sisters have endometriosis?

*You also may have endometriosis, a condition associated with infertility. Consult your physician regarding evaluation for endometriosis and a discussion of future plans for pregnancy.*

Did you begin intercourse before the age of 20, have greater than 5 previous sexual partners, or a sexual partner with a genital infection or discharge?

*Some sexually transmitted infections can produce fallopian tube damage.*

Have you had any operations on your cervix such as cone biopsy, cervical freezing, or electrocautery?

*Your cervical mucus quality may be poor, which may compromise your ability to get pregnant. Consult your physician for evaluation of your cervical mucus.*

Have you ever had sexual relations with a man who you think might have been homosexual, bisexual, or a drug user?

*You are at increased risk for AIDS. Consult your physician to decide whether you should have a test for AIDS.*

Did your mother experience menopause before the age of 40?

*You could also experience early menopause. Consult your physician.*

Have you had two or more voluntary abortions?

*Use effective birth control to prevent cervical injury uterine scarring, or pelvic infection from repeated abortions.*

Do your menstrual periods last longer than 6 days, come more frequently than every 24 days, or require the use of both a tampon and pad together to maintain cleanliness during your period?

*These factors are associated with a lack of regular ovulation.*

Do you know how to avoid getting a venereal disease?

*Venereal disease can be minimized by limiting the number of sexual partners and by using barrier methods of contraception (i.e., condom, diaphragm, or contraceptive sponge, in concert with foams or jellies).*

Of the following, which do you think may affect your fertility: weight loss, weight gain, dieting, exercise, hormone pills, or stress?

*All these factors can prevent regular ovulation.*

## **Appendix B Reference**

- 1 Soules, M. R., "A Report on a Proposed Method To Prevent Infertility: Self-Identification of Risk for Infertility," prepared for the Office of Technology Assessment, U.S. Congress, Washington, DC, September 1987.