Vaginal Irritation/discharge

1. Which of the following are you experiencing?
   a. Vaginal pain
   b. Vaginal itching
   c. Vaginal discharge

Any

2. Are you having pain while passing urine?
   a. Yes, I have pain while urinating.
   b. No, I have no pain while urinating.

Any

4. Which of the following applies to your vaginal discharge?
   a. I have no discharge.
   b. I have a clear discharge.
   c. I have a white/milky discharge.
   d. I have a yellow/green discharge.
   e. I have a foul-smelling discharge.

Any

5. Are you pregnant?
   a. I am pregnant.**
   b. I am confident that I am not pregnant.
   c, I think I might be pregnant.**

6. Which of the following are you experiencing?
   a. Lower back pain
   b. Pain on bowel movement**
   c. Pain on intercourse**
   d. Belly pain**
   e. Frequent urination
   f. None of the above

7. Do you have any sores on your genitals?
   a. Yes**
   b. No

8. Have you taken antibiotics recently/
   a. Yes, I am currently taking some
   b. Yes, I recently took some
   c. I have not been on any antibiotics
   d. I am not sure.

A,B

9. Please enter when you took antibiotics, and the name of the medicine, if you know it.

C,D

10. Do you use any of the following?
   a. I take bubble baths
   b. I use douches
   c. I use vaginal sprays
   d. None of the above.

11. Which of the following applies to your menstrual period?
   a. I had a menstrual period in the last 2 weeks.
   b. I expect to have a menstrual period soon.
   c. I am having a menstrual period now.
   d. My menstrual periods are unpredictable.
   e. I have not had a menstrual period for a while.

12. Have you had similar symptoms in the past?
   1. No, I have never had these symptoms.
   2. Yes, I have had similar symptoms once before.
   3. Yes, I have had had similar symptoms more than once before.
   4. Yes, I have these symptoms frequently.

Yes

13. When you had similar symptoms in the past, did any of the following work?
   a. Pills for yeast infection
   b. Cream for yeast infection
   c. Pills for urine infection
   d. Cranberry juice
   e. Garlic
   f. Yogurt
   g. None of the above.
   h. I don't remember

No

3. Do you have fever?
   a. Yes, I have a low fever (lower than 100.4 degrees)
   b. Yes, I have high fever (100.5 degrees or higher)**
   c. No, I do not have fever
   d. I don't know

14. During the last 2 months, have you had sexual contact with a specific person for the first time?
   1. Yes**
   2. No

15. Has a person with whom you have had sexual contact been recently told they have a disease possibly acquired through sex?
   1. Yes**
   2. No

18. Anything else to add?

End

Yellow highlighted questions appear in multiple templates and are built with a generic naming convention