

Sexual Health and Wellness Questionnaire

	Yes	No	Defer
Are you sexually active?			
What is your sexual orientation?			
How often do you have sex?			
Do you use contraception?			
Which type(s)?			
Do you masturbate?			
Are you able to orgasm?			
Are you able to lubricate?			
Do you use lube?			
If so, what kind?			
Do you have pain with intercourse?			
Have you ever had an STD?			
If so, explain			
Do you want STD testing?			
Have you had any changes in discharge?			
Any odors or itching			
Any new lesions?			
Have you ever had an abnormal pap smear?			
Do you have discomfort with the labia or vagina?			
Have you ever been the victim of sexual abuse?			

Have you heard of Cliovana, a sound wave therapy to improve sensitivity and orgasm?	
Have you heard about Monalisa Touch, a laser therapy for vaginal revitalization?	
Are there any other questions you would like us to address?	