Royal Free London
NHS Foundation Trust

Vulval questionnaire

Please complete this short questionnaire and bring to your appointment at the vulval clinic.

Name: Date:

Please circle the appropriate response to the questions below.

1. Do you get soreness?	Yes	No
2. Do you get itching?	Yes	No

If yes to either of the above, how long have you had these symptoms?

3. Do you suffer from any skin conditions?	Yes	No

If yes, please tell us which skin conditions:

4. Is there any family history of a skin condition?	Yes	No

If yes, please tell us who

5. Do you have diabetes?	Yes	No
6. Is there any family history of diabetes?	Yes	No

If yes, please tell us who

7. Do you have a thyroid problem?	Yes	No
8. Is there any family history of thyroid problems?	Yes	No

If yes, please tell us who

9. Do you have any allergies?	Yes	No

Please continue next page.

10. Do you have any other medical problems, gynaecological history, or any operations in the past?

11. Are you taking any medications? Please list:

Thank you for taking the time to complete the questionnaire.

Alternative formats

This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please speak to a member of staff.

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