

GYNECOLOGICAL DATA COLLECTION FORM

NEAR EAST UNIVERSITY
FACULTY OF NURSING
HEM301 OBSTETRICS AND WOMEN'S HEALTH NURSING

IDENTIFICATION INFORMATION

Interview Date:

Date of Hospital Admission:

Full Name:

Age:

Marital Status:

Education Level:

Occupation:

Health Insurance Status:

Family Type (People Living Together):

Income Level:

Perceived Income Level:

Duration of Marriage:

Blood Group and Rh Factor:

Consanguinity with Spouse:

Degree of Consanguinity:

Person to Contact in Case of Emergency:

Place of Residence (Housing Conditions):

Spouse's Information

Age:

Education Level:

Occupation:

Blood Group and Rh Factor:

Significant Health Problems:

Presence of Genetic Conditions or Diseases:

B. HEALTH HISTORY

Reason for Hospital Admission:

Current Complaints:

Onset of the Illness and Actions Taken When Symptoms Began:

Patient's Perception of Her Problems and Illness:

Laboratory Findings:

Vital Signs:
Medical Diagnosis:
Treatment:

C. PAST MEDICAL HISTORY

Past Illnesses:

Past Surgical Procedures:

- Tubal Ligation
- Hysterectomy
- Oophorectomy
- Laparoscopy
- Other: _____

History of Sexually Transmitted Diseases:

History of Vaginal Infections:

History of Pelvic Inflammatory Disease (PID):

Medications Currently Used:

Habits

| Habit | Amount per Day | Duration |
|-----------------|-----------------------|-----------------|
| Smoking | | |
| Alcohol | | |
| Tea | | |
| Coffee/Caffeine | | |
| Other | | |

NUTRITIONAL HABITS

Number of Meals per Day:

Commonly Consumed Foods:

Consumption of Calcium-Rich Foods:

D. REPRODUCTIVE HEALTH HISTORY

Age at Menarche:

Age at Last Menstruation:

Pregnancy History

Number of Pregnancies (Gravida):

Abortions:

D&C:

Parity (Para):

Living Children:

| Pregnancy Date | Gestational Week | Duration of Labor | Type of Delivery | Delivered By / Place | Newborn's Gender | Newborn's Health Status |
|-----------------------|-------------------------|--------------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|
| | | | | | | |

MENSTRUAL HISTORY

Cycle Length:

Regularity:

Amount of Bleeding:

Duration of Bleeding:

History of Dysmenorrhea:

Intermenstrual Bleeding or Spotting:

Premenstrual Symptoms

- Headache
- Weight Gain
- Psychological Tension / Irritability
- Edema
- Breast Tenderness
- Other: _____

Sexual Intercourse During Menstruation:

Problems Experienced During Sexual Intercourse:

ABNORMAL BLEEDING HISTORY

- Amenorrhea
- Menorrhagia
- Metrorrhagia
- Hypomenorrhea
- Oligomenorrhea
- Polymenorrhea

Onset:
Duration:
Associated Factors:
Treatment Applied:
Outcome:

History of Vaginal Discharge:
Vulvar Itching:

CONTRACEPTIVE HISTORY

Methods Used So Far

| Method | Duration | Side Effects / Reason for Discontinuation |
|--------|----------|---|
| | | |

Most Recently Used Method

Name:
Duration of Use:
Side Effects:
Satisfaction with the Method:

E. HEALTH AND SOCIAL HISTORY OF OTHER FAMILY MEMBERS

F. SYSTEMS ASSESSMENT

General:
Gastrointestinal System:
Endocrine System:

Breast Examination

Any Changes in Breast Characteristics:

- Pain
- Discharge
- Tenderness
- Mass
- Size
- Difference Between Breasts in Shape or Size

- Orange Peel Appearance, Scaling, Retraction
- Skin Irritation

Knowledge and Practice of Breast Self-Examination:

GENITOURINARY SYSTEM

Existing Urinary Symptoms:

- Incontinence
- Dysuria
- Burning During Urination
- Frequent Urination
- Other: _____

Associated Symptoms:

- Vaginal Discharge / Bleeding
- Abdominal Pain / Cramping
- Abdominal Distension
- Pelvic Fullness / Pain
- Other: _____

Urinalysis Results (if available):

Knowledge and Practices Regarding Vulvar Examination:

G. HYGIENIC PRACTICES

Hand Hygiene

Frequency of Hand Washing:

Situations When Hands Are Washed:

Materials Used for Hand Washing:

Body Hygiene

Frequency of Bathing:

Method of Bathing:

Oral Hygiene

Frequency of Tooth Brushing:

Method of Tooth Brushing:

Perineal Hygiene

Method of Cleaning the Perineum After Urination or Defecation:

Frequency of Changing Underwear:

Type of Underwear Used:
Method of Cleaning Underwear:

Menstrual Hygiene

Type of Sanitary Pad Used:
Attention to Hand Hygiene When Changing Pads:
Frequency of Changing Pads:
Bathing Practices During Menstruation:

H. MENOPAUSE HISTORY

Age at Menopause:

Physical Symptoms Experienced:
Psychological Symptoms Experienced:

Coping Methods for Menopausal Problems:

Hormone Replacement Therapy (HRT):

Yes No

If Yes:

Start Date:

Duration of Use:

Compliance with Treatment:

Screening Tests During Menopause

| Test | Frequency | Result |
|--------------|-----------|--------|
| Mammography | | |
| Bone Density | | |
| Pap Smear | | |
| Other | | |

TOPICS THE WOMAN WANTS TO LEARN ABOUT REGARDING WOMEN'S HEALTH

- Vulvar Examination
- Breast Examination
- Menopause
- Menstrual Hygiene
- Family Planning
- Vaginal Infections
- Other: _____