

WIHS ID#:

SECTION D: HISTORY

	<u>YES</u>	<u>NO</u>
D1. Documented c/o abnormal discharge?1		2
D2. Documented c/o vaginal/vulvar irritation or soreness?....1		2
D3. Documented c/o vaginal/vulvar itching?1		2
D4. Documented c/o dyspareunia?1		2