1. Have you had a pelvic CT or sonogram (ultrasound) before? ________________________
   If yes, when? ________________________ What did it show? ________________________

2. What do you think caused the problem? ________________________

3. What does your doctor say about what he/she thinks may be causing your problem? ______

4. Describe your symptoms (pain, mass, weight change, etc.) ________________________

5. Does anything make the symptoms worse? ________________________
   Does anything make them better? ________________________

6. Have you had lower abdominal or pelvic surgery? ________________________
   When? ________________________
   What was done? ________________________

7. Are you taking any medicines? __________
   What kind? ________________________

8. Do you have any other medical conditions? ________________________
   If so, what? ________________________

9. Describe your general health: __________
   ________________________