How and when did your pain begin?

What actions or activities make it better or worse? (this may include sitting, driving, jogging, cycling, working out at the gym)

Does stress increase the pain?

Does it vary based on time of day, week or month?

How does your menstrual cycle affect the pain?

How does the pain affect your sleep?

Has the pain spread since it began?

Do you notice abnormal skin sensations (pain, itching, burning), muscle or joint pain, or back pain?

Do you have pain with urination (weeing), excessive frequency of urination, constipation, diarrhoea, or other problems with your bladder or bowels?

Do you have pain with sexual activity?

Has the pain caused emotional changes like anxiety or depression?

What medical or surgical treatments have you had and have they helped?

What have you tried to relieve the pain?

What has worked?

What medications have you used in the past?

What medicines are you taking now?

What do you think is causing your pain?

What concerns you most about your pain?