**Q: Can you describe the discharge in more detail?**  
A: It is greenish-yellow and has a strong odor.

**Q: When did you first notice the discharge?**  
A: I noticed it about a week ago.

**Q: Have you experienced any other symptoms along with the discharge?**  
A: Yes, I have significant itching (pruritus) and some pain during urination (dysuria) and during intercourse (dyspareunia).

**Q: Have you had any fevers or chills?**  
A: No, I haven’t had any fevers or chills.

**Q: Have you experienced any abdominal or pelvic pain?**  
A: No, I have not had any abdominal or pelvic pain.

**Q: Have you noticed any changes in your menstrual cycle since this began?**  
A: No changes; my last menstrual period was about two weeks ago.

**Q: Are you currently taking any medications, including over-the-counter drugs?**  
A: I take oral contraceptives but no other medications.

**Q: Have you recently completed any courses of antibiotics or other medications?**  
A: Yes, I recently completed antibiotics for acute bronchitis.

**Q: Do you have a history of sexually transmitted infections (STIs)?**  
A: No, I do not have a history of STIs.

**Q: Have you ever had similar symptoms in the past?**  
A: No, I haven’t had similar symptoms before.

**Q: Are you using any other methods of birth control besides oral contraceptives?**  
A: No, I’ve only been using oral contraceptives.

**Q: How many sexual partners have you had in the last year?**  
A: He is my only partner; we started dating four months ago.

**Q: Did you have unprotected sex with anyone else before this relationship?**  
A: No, he is my only sexual partner, and I’ve had unprotected sex with him three times in the last month.

**Q: Have you had any unusual vaginal itching, burning, or irritation before this episode?**  
A: No, I have not experienced any unusual symptoms prior to this.

**Q: Are there any other symptoms you haven’t mentioned that concern you?**  
A: No, those are all the symptoms I have.

**Q: How would you describe your general health prior to this issue?**  
A: I was in my normal state of health.

**Q: Are your immunizations up to date?**  
A: Yes, all my immunizations are current.

**Q: Are there any significant stresses in your life recently?**  
A: I’ve been busy with school, but nothing out of the ordinary.

**Q: Have you noticed any changes in your vaginal odor?**  
A: Yes, it has a strong, unpleasant smell.

**Q: Have you used any new products such as soaps, douches, or feminine hygiene products?**  
A: No, I haven’t used any new products.

**Q: What brings you in today?**  
A:

**Q: When did you first notice your symptoms?**  
A: I noticed it about a week ago.

**Q: How would you rate your pain or discomfort on a scale of 1 to 10?**  
A: 5

**Q: Have you recently traveled or been exposed to anyone who is ill?**  
A: No.

**Q: What is your past medical history? Any chronic conditions?**  
A: No.

**Q: Do you have a family history of any medical conditions?**  
A: No.

**Q: What is your typical diet like?**  
A: I eat a well-balanced diet.