

Know Your Fertility with

FERTILITY INDEX

Are you planning for a baby, now or later? If you are, it helps to know your fertility and what you can do to protect it. Get a quick gauge of your fertility with this DIY measure.

Fertility Index Measure for *Her*

YOUR PROFILE				
RISK FACTOR	(Please tick only one box for each risk factor)			Your Points
	1 point	2 points	3 points	
Age	<input type="checkbox"/> Below 30	<input type="checkbox"/> 30-34	<input type="checkbox"/> 35 and above	—
Duration of trying to conceive (2-3x unprotected sex/week)	<input type="checkbox"/> < 6 months	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> > 12 months	—
Smoking	<input type="checkbox"/> No	<input type="checkbox"/> Less than 10 cigarettes a day	<input type="checkbox"/> More than 10 cigarettes a day	—
Drinking	<input type="checkbox"/> No	<input type="checkbox"/> Occasional (Not more than one drink per day)	<input type="checkbox"/> Frequent (More than one drink per day)	—
Menstrual cycle	<input type="checkbox"/> Regular 28-day cycle (+/- 5 days)	<input type="checkbox"/> Regular but short cycle (\leq 21-day) or long cycle (\geq 35-day)	<input type="checkbox"/> Irregular cycle or no menstrual period	—
Bleeding between menstrual periods	<input type="checkbox"/> No	<input type="checkbox"/> Not more than 2 times in a year	<input type="checkbox"/> 3 times or more in a year	—
Pain during menstrual period	<input type="checkbox"/> No	<input type="checkbox"/> Occasional (Not more than 2 times in a year)	<input type="checkbox"/> Frequent (3 times or more in a year)	—
Duration of menstrual pain	<input type="checkbox"/> No	<input type="checkbox"/> Not more than 1 day	<input type="checkbox"/> More than 1 day	—
Anal pain during menstruation when passing motion	<input type="checkbox"/> No	<input type="checkbox"/> Occasional (Not more than 2 times)	<input type="checkbox"/> Frequent (3 times or more)	—
Pain during Intercourse (2-3x unprotected sex/week)	<input type="checkbox"/> No	<input type="checkbox"/> Occasional (Not more than 2 times in a month)	<input type="checkbox"/> Frequent (3 times or more in a month)	—
Itchy or smelly vaginal discharge	<input type="checkbox"/> No	<input type="checkbox"/> Occasional (Not more than 2 times in a month)	<input type="checkbox"/> Frequent (3 times or more in a month)	—
Body Mass Index (BMI)	<input type="checkbox"/> Normal (18.5-22.9)	<input type="checkbox"/> Slightly underweight (15-18.4) / overweight (23-27.5)	<input type="checkbox"/> Obese (\geq 27.6)	—
Sexual history	<input type="checkbox"/> No previous partner	<input type="checkbox"/> 1 previous partner	<input type="checkbox"/> More than 1 previous partner, or currently multiple partners	—
Surgical history	<input type="checkbox"/> No	<input type="checkbox"/> Appendectomy or abdominal surgery	<input type="checkbox"/> Pelvic, fibroid or ovarian surgery	—
Sexual Transmitted Diseases (STD)	<input type="checkbox"/> No	<input type="checkbox"/> Not sure/Suspect	<input type="checkbox"/> Confirmed	—
Endometriosis	<input type="checkbox"/> No	<input type="checkbox"/> Not sure/Suspect	<input type="checkbox"/> Confirmed	—

Total Points

Know Your Fertility with FERTILITY INDEX

Are you planning for a baby, now or later? If you are, it helps to know your fertility and what you can do to protect it. Get a quick gauge of your fertility with this DIY measure.

Fertility Index Measure for *Him*

RISK FACTOR	YOUR PROFILE			Your Points
	(Please tick only one box for each risk factor)			
	1 point	2 points	3 points	
Age	<input type="checkbox"/> Below 30	<input type="checkbox"/> 30-44	<input type="checkbox"/> 45 and above	—
Smoking	<input type="checkbox"/> No	<input type="checkbox"/> Less than 10 cigarettes a day	<input type="checkbox"/> More than 10 cigarettes a day	—
Drinking	<input type="checkbox"/> No	<input type="checkbox"/> Occasional (Not more than two drinks per day)	<input type="checkbox"/> Frequent (More than two drinks per day)	—
Body Mass Index (BMI)	<input type="checkbox"/> Normal (18.5 - 22.9)	<input type="checkbox"/> Slightly underweight (15-18.4) / overweight (23-27.5)	<input type="checkbox"/> Obese (≥ 27.6)	—
Sexual History	<input type="checkbox"/> No previous partner	<input type="checkbox"/> 1 previous partner	<input type="checkbox"/> More than 1 previous partner, or currently multiple partners	—
Surgical History	<input type="checkbox"/> No	<input type="checkbox"/> Abdominal surgery	<input type="checkbox"/> Surgery on Testis or Urogenital System	—
Sexual Transmitted Diseases (STD)	<input type="checkbox"/> No	<input type="checkbox"/> Not sure/Suspect	<input type="checkbox"/> Confirmed	—
Sexual Dysfunctions i.e. Erectile dysfunction or ejaculation problem (unprotected sex 2-3X/week)	<input type="checkbox"/> No	<input type="checkbox"/> Occasional (Not more than 2 times in a month)	<input type="checkbox"/> Frequent (3 times or more in a month)	—
History of mumps after puberty	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	<input type="checkbox"/> Confirmed	—
History of Tuberculosis	<input type="checkbox"/> No	<input type="checkbox"/> Not sure	<input type="checkbox"/> Confirmed	—

Total Points

* Guidelines by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services . A standard drink is generally considered to be 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof distilled spirits. Each of these drinks contains roughly the same amount of absolute alcohol--approximately 0.5 ounce or 12 grams

Know Your Fertility with FERTILITY INDEX

Developed by Dr Peter Chew, Senior Consultant Obstetrician and Gynaecologist at Gleneagles Hospital and Chairman of aLife, a voluntary welfare organisation that provides assistance and counseling services related to fertility and pregnancy.

for HER

Green Zone

SCORE

16

You have no risk factors. However, situation may change as fertility decreases rapidly after the age of 35.

Amber Zone

SCORE

17-32

You have some risk factors which may affect your fertility. You may want to change your lifestyle habits such as smoking which may have an impact on your fertility. Do not take fertility for granted. Remember, female fertility decreases rapidly after the age of 35.

Red Zone

SCORE

33-48

You have many risk factors that would reduce your fertility. You have to change your lifestyle such as stop smoking, reduce your body weight with regular exercise or seek gynaecological opinion regarding menstrual abnormalities and vaginal discharge.

for HIM

SCORE

10

You have no risk factors. However, situation may change as fertility decreases rapidly after the age of 45 years.

SCORE

11-20

You have some risk factors which may affect your fertility. Live a healthy lifestyle, reduce your body weight with regular exercise and stop smoking may help restore your fertility. Do not take fertility for granted. Remember, male fertility decreases rapidly after the age of 45.

SCORE

21-30

You have many risk factors that would reduce your fertility. You may need to seek medical opinion regarding your sexual dysfunctions. Live a healthy lifestyle, reduce your body weight with regular exercise; stop smoking and drinking may help.

for COUPLES

COMBINED SCORE

26

You have no risk factors. Keep trying to conceive for about a year and monitor your fertility as situation may change with advancing age. If you still do not conceive after a year, please seek medical help.

COMBINED SCORE

27-52

You have some risk factors which may affect your fertility. If you have been trying to conceive for 6 months without any result, please seek medical help. Your doctor may be able to give you some guidance and recommend appropriate action.

COMBINED SCORE

53-78

You have many risk factors which may make it difficult for you to conceive. Please see your doctor early for further investigations.

Disclaimer

This is intended for general information only and is not a substitute for medical or professional advice. We recommend users of this Fertility Index to seek appropriate professional advice specific to their circumstances.