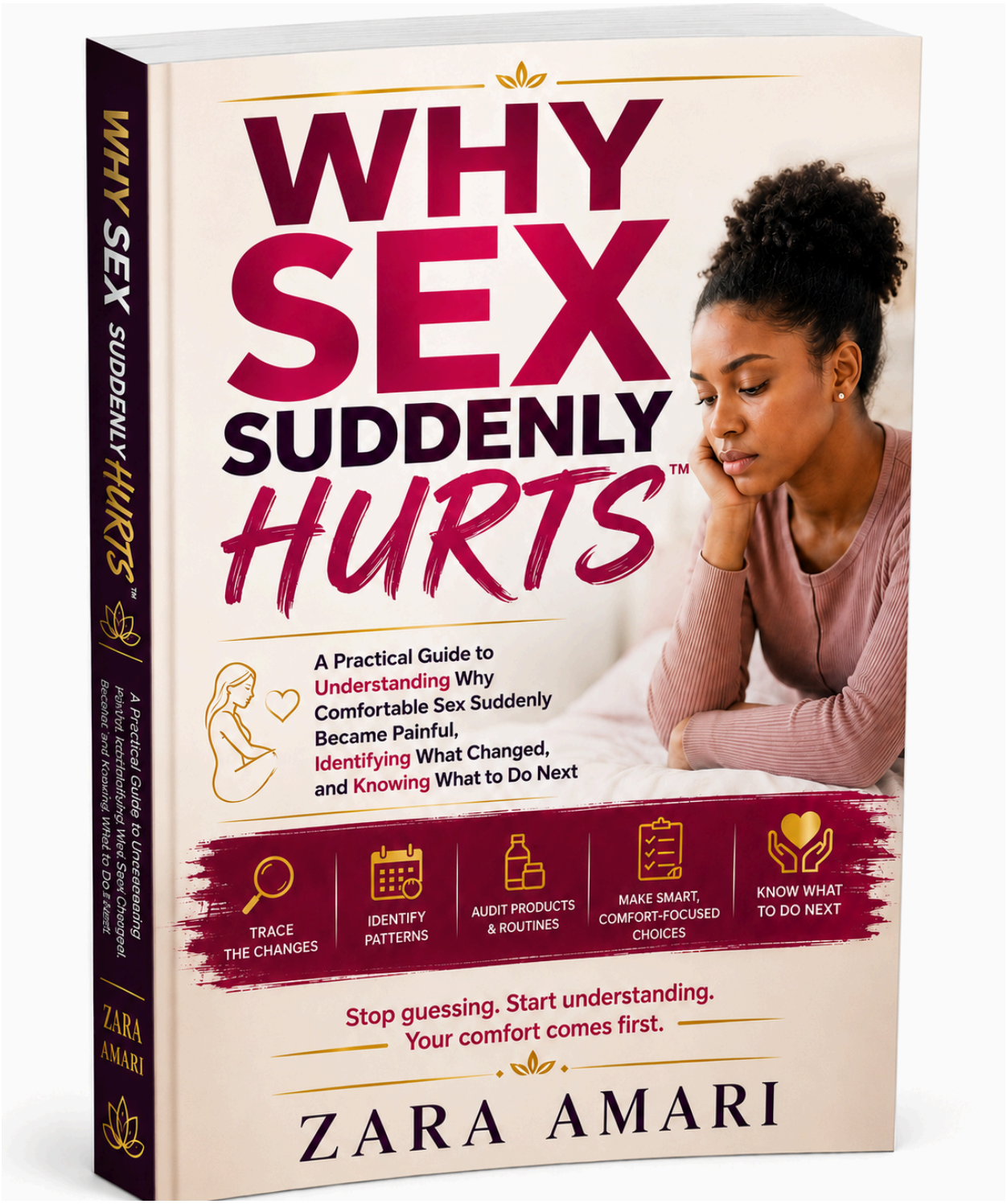
WHY SEX SUDDENLY HURTS™
A Practical Guide to Understanding Why Comfortable Sex Suddenly Became Painful, Identifying What Changed, and Knowing What to Do Next
TRACE THE CHANGES
IDENTIFY PATTERNS
AUDIT PRODUCTS & ROUTINES
MAKE SMART, COMFORT-FOCUSED CHOICES
KNOW WHAT TO DO NEXT
Stop guessing. Start understanding.
Your comfort comes first.
ZARA AMARI
WHY SEX SUDDENLY HURTS™
ZARA AMARI

TABLE OF CONTENT

CHAPTER 1

WHY DID SEX SUDDENLY START HURTING?

The “Something Changed” Problem

Maybe this is the part you can't stop thinking about:

Sex wasn't always like this.

You remember when intimacy felt normal.

You didn't have to think about every movement. You weren't bracing yourself. You weren't wondering whether it was going to hurt this time.

And then something changed.

Maybe it happened after months—or even years—of comfortable sex.

Maybe you can't identify the exact day it started.

You simply remember thinking:

“Why does this hurt now?”

And that question can be surprisingly difficult to answer.

Because when something changes inside your body, your first instinct may be to find **one obvious explanation**.

You might think:

“Maybe I'm just dry.”

“Maybe I'm not in the mood.”

“Maybe my partner is going too deep.”

“Maybe it's an infection.”

“Maybe it's because I'm getting older.”

“Maybe I just need to relax.”

Sometimes one of these factors may be relevant.

Sometimes it isn't.

And that's exactly why this guide doesn't begin by telling you what your problem is.

It begins by helping you investigate what changed.

FIRST: DON'T PANIC

A sudden change in sexual comfort can feel frightening.

Especially when you don't know why it's happening.

You may start searching online late at night:

“Why does sex suddenly hurt?”

Then one search leads to another.

Before long, you've convinced yourself that you have every condition you've read about.

Stop there.

Pain during sex can have **many possible contributors**, and similar symptoms can occur for very different reasons.

This guide is not designed to diagnose you.

It is designed to help you become much better at answering:

“What exactly is happening to me?”

That distinction matters.

Because guessing isn't investigation.

THE QUESTION WE'RE REALLY ASKING

Instead of asking only:

“What's wrong with me?”

we're going to start with:

“What changed?”

Think about your sexual experience as having two periods:

BEFORE

Sex was generally comfortable or different from what you're experiencing now.

AFTER

Something about intimacy changed.

The change might have involved:

- where you experience discomfort

- when the discomfort begins
- what it feels like
- how long it lasts
- what happens afterwards
- how frequently it occurs
- something else that changed in your body or routine

Your job isn't to solve the mystery immediately.

Your first job is to **notice the difference**.

THE BEFORE-AND-AFTER TEST

Take a moment and answer these questions.

BEFORE THE PROBLEM STARTED

How did sex usually feel?

_____

_____

How often did you experience discomfort?

_____

Was penetration generally comfortable?

☐ Yes
☐ No
☐ Sometimes

Did you usually feel comfortable afterwards?

☐ Yes
☐ No
☐ Sometimes

NOW

How does sex feel now?

When did you first notice something was different?

Was the change:

☐ Sudden
☐ Gradual
☐ I'm not sure

How often does it happen now?

☐ Every time
☐ Most times
☐ Sometimes
☐ Rarely
☐ I'm not sure

THE MOMENT YOU FIRST NOTICED IT

Try to remember your first clear “something is different” moment.

Maybe you remember exactly what happened.

Maybe you don't.

Either is fine.

Complete this sentence:

> **“The first time I realised sex wasn't feeling normal anymore was when _____.”**

Now ask yourself:

What did you notice first?

Where did you notice it?

What did it feel like?

What did you think was causing it?

Did you do anything differently afterwards?

DID IT REALLY HAPPEN “SUDDENLY”?

This is worth examining.

Sometimes “suddenly” means:

> **“I had comfortable sex on Monday and painful sex on Friday.”**

But sometimes it means:

> **“I ignored small signs for months, and eventually the discomfort became impossible to ignore.”**

Both experiences matter.

So ask yourself:

Looking back, was there anything unusual before the pain became obvious?

☐ Mild discomfort
☐ Occasional irritation
☐ Less comfort than usual
☐ Changes in lubrication
☐ Soreness afterwards
☐ Changes in my cycle
☐ Changes in products/routine
☐ Changes in medication or contraception
☐ Recent illness
☐ Increased stress
☐ Nothing I can remember
☐ Something else: _____

You don't need to know whether any of these things caused the problem.

You're simply looking for **what was happening around the same time**.

THE 30-DAY LOOK-BACK

Here's where our investigation gets more interesting.

Think back roughly **30 days before you first noticed the problem**.

Ask:

“What was different in my life, body, routine or intimacy during that period?”

Don't only think about sex.

Think broadly.

BODY

Did you notice any new changes?

MENSTRUAL CYCLE

Was anything different?

PRODUCTS

Did you start, stop or change anything?

MEDICATION

Did anything change?

CONTRACEPTION

Did anything change?

SEXUAL ROUTINE

Did anything change?

STRESS

Was life unusually stressful?

HEALTH

Had you recently been ill or experiencing another health issue?

ANYTHING ELSE?

ONE IMPORTANT RULE

Don't turn every change into a suspected cause.

For example:

> “I changed my soap two weeks ago, therefore my soap caused the pain.”

You don't know that yet.

Instead say:

> **“I changed my soap two weeks before the pain began. That's something I should pay attention to.”**

That's a much better way to investigate your symptoms.

Correlation is a clue. It isn't proof.

THE FIRST TRAP: BLAMING YOURSELF

When sex suddenly becomes uncomfortable, some women immediately turn the problem inward.

> *“Maybe something is wrong with me.”*
>
> *“Maybe I'm no longer attractive to my husband.”*
>
> *“Maybe I'm not interested in sex anymore.”*
>
> *“Maybe I'm just getting older.”*
>
> *“Maybe I'm doing something wrong.”*

Don't start there.

Your body changing does not automatically mean you've done something wrong.

And experiencing pain doesn't mean you've failed at intimacy.

The useful question is not:

> **“What's wrong with me?”**

It's:

> **“What information is my body giving me?”**

That shift matters.

THE SECOND TRAP: PUSHING THROUGH IT

Another common response is:

> *“Maybe I should just endure it.”*

You tell yourself it will probably disappear.

You try again.

It hurts again.

You try a different position.

You try to relax.

You tell yourself:

> *“Maybe next time will be different.”*

Sometimes discomfort can be temporary.

But **repeated or significant pain shouldn't simply become something you are expected to tolerate.**

If sex repeatedly hurts, don't make endurance your treatment plan.

The goal isn't to become better at tolerating pain.

The goal is to understand what's happening and decide what needs to happen next.

THE THIRD TRAP: RANDOMLY TRYING EVERYTHING

Once people become worried about a private problem, they can become vulnerable to desperate solutions.

One person recommends a product.

Someone online recommends a wash.

Someone else recommends an oil.

A friend recommends a home remedy.

Another person says:

“Try this. It worked for me.”

Before you know it, you've introduced several new things at once.

Now you don't know what's helping, what's irritating you, or whether anything is making the situation worse.

Our rule for this guide:

Don't turn your body into a guessing experiment.

Observe.

Document.

Make sensible changes where appropriate.

And seek professional assessment when the pattern calls for it.

THE FIRST CLUE

At this point, you don't need an answer.

You need a starting point.

Complete this:

MY FIRST CLUE

Sex was comfortable/different before because:

_____

_____

The first change I noticed was:

_____

_____

I first noticed it around:

Since then, it has happened:

☐ Once
☐ A few times
☐ Regularly
☐ Almost every time
☐ I'm not sure

The biggest difference between then and now is:

YOUR BEFORE → AFTER TIMELINE

Create your own timeline.

BEFORE

Sex was usually:

↓

FIRST CHANGE

I first noticed:

↓

AFTER

Now sex is:

↓

CURRENTLY

The problem happens:

↓

WHAT I WANT TO UNDERSTAND

“I want to know why _____.”

A NOTE ABOUT WHEN TO SEEK HELP

This guide can help you organise what you're experiencing, but it shouldn't replace appropriate medical care.

If painful sex is **persistent, recurrent, severe, worsening, or concerning**, consider speaking with a qualified healthcare professional.

It's particularly important to seek medical attention when pain occurs alongside symptoms such as:

- unusual or significant bleeding
- fever or feeling unwell
- severe pelvic or abdominal pain
- fainting or significant dizziness
- new sores or significant genital changes
- unusual discharge or other symptoms that concern you

You don't have to wait until the problem becomes unbearable.

And you don't need to diagnose yourself before making an appointment.

WHAT YOU KNOW NOW

At the beginning of this chapter, the question was:

> **“Why did sex suddenly start hurting?”**

You may not have the answer yet.

That's intentional.

But you now have a better starting point:

Something changed.

And instead of immediately guessing what caused it, you're going to investigate the pattern.

You know to ask:

When was sex last comfortable?

When did something change?

What did I notice first?

What else changed around that time?

Has the pattern repeated?

Those questions are the foundation of everything that follows.

YOUR FIRST ACTION

Before moving to the next chapter, write this down:

“The last time sex felt normal was _____.”

“The first time I noticed a difference was _____.”

“The biggest change I have noticed since then is _____.”

Keep those answers.

You'll use them again as we build your **Intimacy Clue Map™**.

CHAPTER 1 TAKEAWAY

You don't have to solve the entire mystery tonight.

You don't have to decide what's wrong with you.

And you don't have to believe the first explanation you find online.

Start with one question:

WHAT CHANGED?

Because once you can identify the difference between **before** and **after**, you have your first real clue.

CHAPTER 2

THE INTIMACY CLUE CHAIN

Stop asking “What is wrong with me?” and start looking at the pattern.

In the last chapter, you identified the most important starting point:

Something changed.

Now we're going to investigate that change.

Not by guessing.

Not by choosing a diagnosis from a list on the internet.

And not by assuming the most frightening explanation.

Instead, we're going to follow a series of clues.

Think of it like putting together a puzzle.

One clue by itself may not tell you much.

But several clues viewed together can give you a much clearer picture of what is happening and what information you may need to take to a healthcare professional.

This is your:

INTIMACY CLUE CHAIN™

The chain has six core clues:

WHAT CHANGED?
↓
WHERE?
↓
WHEN?
↓
WHAT DOES IT FEEL LIKE?
↓
WHAT HAPPENS AFTERWARDS?
↓
WHEN DOESN'T IT HURT?

Let's work through them.

CLUE 1
WHAT CHANGED?

Start with the simplest question:

> **“What was different around the time this started?”**

Think beyond sex.

Maybe something changed with:

- your personal-care routine
- a product you use
- medication
- contraception
- your menstrual cycle
- your general health
- your sexual routine
- stress
- sleep
- your relationship

- frequency of intimacy

You don't have to decide whether the change caused the pain.

You're simply identifying things that changed around the same period.

Write down anything that comes to mind:

The change I think is most important:

Remember: a timing connection is a clue, not proof of cause.

CLUE 2
WHERE DOES IT HURT?

Now locate the discomfort as accurately as you can.

Is it mainly:

☐ Around the external genital area

☐ Around the vaginal entrance

☐ Deeper inside

☐ Deep in the pelvis/lower abdomen

☐ Both near the entrance and deeper inside

☐ I'm not sure

Don't worry about getting the anatomy perfectly right.

Your own description is enough.

My description:

“The discomfort is mainly _____.”

CLUE 3
WHEN DOES IT HURT?

Now follow the pain through the sexual experience.

Before penetration

☐ Comfortable
☐ Already uncomfortable
☐ Sometimes uncomfortable

When penetration begins

☐ Comfortable
☐ Pain begins
☐ Sometimes painful

During intercourse

☐ Comfortable
☐ Pain develops
☐ Sometimes painful

With deeper penetration

☐ Comfortable
☐ Pain begins/worsens
☐ Sometimes painful

Immediately afterwards

☐ Comfortable
☐ Sore
☐ Burning/irritated
☐ Deep discomfort
☐ Other: _____

Hours later

☐ Nothing unusual
☐ Discomfort
☐ Irritation
☐ Pelvic discomfort
☐ Other: _____

The next day

☐ Normal
☐ Mild soreness
☐ Significant discomfort
☐ Other: _____

My pattern:

> **“The discomfort usually starts _____.”**

CLUE 4
WHAT DOES IT FEEL LIKE?

“Pain” is too broad.

Try to identify the sensation.

Does it feel like:

☐ Burning

☐ Stinging

☐ Rawness/friction

☐ Sharpness

☐ Aching

☐ Pressure

☐ Tightness

☐ Tenderness

☐ Cramping

☐ Something else: _____

You can select several.

In your own words:

“It feels like _____.”

How intense is it usually?

0 = no discomfort

10 = extremely severe

My usual level: ____ / 10

How long does it last?

CLUE 5
WHAT HAPPENS AFTERWARDS?

This clue is easy to overlook.

The sexual experience ends, but your body's response may continue.

Ask:

“What happens to my body after intimacy?”

Do you feel completely normal?

Are you sore?

Do you experience burning or irritation?

Does discomfort continue for several hours?

Does it appear later?

Does something feel different the following morning?

Immediately after:

A few hours later:

The following day:

How long does it usually take to feel normal again?

CLUE 6
WHEN DOESN'T IT HURT?

This may be one of the most useful questions in the entire investigation.

We naturally focus on the bad experiences.

But comfortable experiences can give you valuable comparison points.

Think about the last time intimacy **didn't** hurt.

Ask:

> **“What was different?”**

Maybe nothing obvious.

Maybe there was.

Compare:

WHEN IT HURTS

WHEN IT DOESN'T

THE DIFFERENCE I NOTICE

Don't force an explanation.

You're looking for patterns.

NOW CONNECT THE CLUES

You've collected six pieces of information.

Let's put them together.

1. WHAT CHANGED?

---

2. WHERE?

---

3. WHEN?

---

4. WHAT DOES IT FEEL LIKE?

---

5. WHAT HAPPENS AFTERWARDS?

---

6. WHEN DOESN'T IT HURT?

Now read your answers together.

You may notice something you didn't notice when thinking about each question separately.

YOUR INTIMACY CLUE MAP™

Use this as your master worksheet.

CLUE	MY ANSWER

What changed? _____
_____

Where does it hurt? _____
_____

When does it start? _____
_____

What does it feel like? _____
_____

How intense is it? ____ / 10

How long does it last? _____
_____

What happens afterwards? _____
_____

When doesn't it hurt? _____
_____

Other symptoms I notice _____
_____

DON'T TRY TO DIAGNOSE THE CLUE MAP

This is where we need to be disciplined.

Suppose you write:

> “It burns at the entrance, started after I changed products, and lasts for a few hours afterwards.”

That is a **pattern**.

It isn't a diagnosis.

Or:

> “It hurts deeply with certain types of penetration but not every time.”

Again:

That's a **pattern**.

Not a diagnosis.

Your Clue Map is designed to help you ask better questions and recognise when professional evaluation may be appropriate.

It is **not** a substitute for examination or testing.

THE POWER OF COMBINING CLUES

Here's why we're not looking at each clue in isolation.

Imagine someone only says:

> **“Sex hurts.”**

That's very little information.

Now imagine she can say:

> **“Sex was comfortable before. The problem started recently. The discomfort is deeper inside and mainly happens with deeper penetration. It feels like a deep ache, happens repeatedly, and sometimes continues afterwards.”**

That's a completely different level of information.

It doesn't tell us the diagnosis.

But it gives us a **much clearer starting point for the next step**.

That's what we're building.

YOUR “ONE-MINUTE EXPLANATION”

Imagine someone asks:

> **“What exactly has been happening?”**

Use your Clue Chain to answer.

Complete this:

> **“Sex used to be _____. Then around _____, I noticed _____. The discomfort is mainly _____, and it starts _____. It feels like _____, usually lasts _____, and afterwards _____. I have noticed that it is different when _____.”**

Write your version below.

WHY THIS MATTERS

You may eventually decide to speak with a healthcare professional.

When you do, you don't need to walk into the appointment with a diagnosis.

You need to be able to explain:

- what changed
- when it changed
- where the discomfort occurs
- what it feels like
- what happens afterwards
- what other symptoms you're experiencing
- what you've already tried

That information can make the conversation much more productive.

And if you're nervous about discussing sexual pain, having it written down beforehand can make the conversation considerably easier.

ONE MORE THING: TRACK THE PATTERN

If the problem keeps happening, don't rely entirely on memory.

For the next few experiences, record:

Date: _____

Comfortable or painful? _____

Where? _____

When did it begin? _____

What did it feel like? _____

Intensity: ____ / 10

Afterwards: _____

Anything different that day? _____

After several entries, look for repetition.

You aren't trying to prove a cause.

You're trying to answer:

> **“Does this happen in a consistent pattern?”**

YOUR RED-FLAG REMINDER

Don't let tracking become a reason to delay care when something is clearly concerning.

Seek appropriate medical attention for persistent, recurrent, severe or worsening pain.

Prompt medical attention is particularly important if painful sex occurs with symptoms such as:

- severe pelvic or abdominal pain
- significant or unusual bleeding
- fever or feeling very unwell
- fainting or significant dizziness
- new sores or significant genital changes
- other symptoms that concern you

You don't have to complete the entire Clue Chain before seeking help.

Your safety comes first.

THE SIX QUESTIONS TO REMEMBER

If you forget everything else in this chapter, remember these:

1. WHAT CHANGED?

2. WHERE DOES IT HURT?

3. WHEN DOES IT HURT?

4. WHAT DOES IT FEEL LIKE?

5. WHAT HAPPENS AFTERWARDS?

6. WHEN DOESN'T IT HURT?

These six questions turn:

> **“Sex suddenly started hurting.”**

into a much more useful description of your experience.

And that is exactly what we need before we start examining the possible things that may have changed around the same time.

CHAPTER 2 TAKEAWAY

You don't need to become an expert on your body overnight.

You simply need to become a better observer of your own pattern.

Don't guess the cause first.

Collect the clues first.

Because the next question is one of the most practical ones in this entire guide:

What changed in your products, routines, medications, contraception, body or life around the time the pain started?

:::

CHAPTER 3

THE “WHAT CHANGED?” INVESTIGATION

The things you may not have connected to the pain

By now, you've stopped looking at painful sex as one mysterious problem.

You've started breaking it down:

What changed? → Where? → When? → What does it feel like? → What happens afterwards?

Now we're going one step further.

Because sometimes the most useful clue isn't **what happens during sex**.

It's what changed **before the pain started**.

A new product.

A new routine.

A medication.

A contraceptive change.

A change in your cycle.

A period of stress.

A change in how often you're having sex.

Or something else you initially thought had nothing to do with intimacy.

This chapter is your **What Changed? Audit**.

The goal isn't to find something to blame.

The goal is to identify changes worth paying attention to.

THE 30-DAY LOOK-BACK

Think back to approximately **30 days before you first noticed the problem**.

Ask yourself:

> **“What was different about my body, my routine, my products, my health or my sex life?”**

You may immediately remember something.

Or you may think:

> *“Nothing changed.”*

That's okay.

Work through the categories anyway.

Sometimes the connection isn't obvious until you see everything written down.

1. YOUR INTIMATE-CARE ROUTINE

Start with the products you use around your genital area.

Have you recently:

☐ Started using an intimate wash?

☐ Changed intimate washes?

☐ Started using a new soap?

☐ Changed your body wash?

☐ Started using wipes?

☐ Started using a new cream?

☐ Started using an oil?

☐ Started using deodorising products?

☐ Changed how frequently you wash?

☐ Started using another product because you were worried about odour, discharge or cleanliness?

☐ None of these

☐ Something else: _____

What changed?

When did you change it?

When did the discomfort begin?

Don't conclude that the product caused the problem.

Simply notice the **timing**.

---

2. LUBRICANTS AND SEXUAL PRODUCTS

Think specifically about anything used during intimacy.

Have you:

☐ Started using a lubricant?

☐ Changed lubricant?

☐ Stopped using lubricant?

☐ Started using oils?

☐ Started using a different condom?

☐ Changed condom brand/type?

☐ Started using another sexual product?

☐ None of these

What changed?

Approximately when?

What happened afterwards?

Again:

Timing is a clue—not proof.

---

3. SOAPS, WIPES AND LAUNDRY PRODUCTS

This category is easy to overlook.

Think about what comes into contact with your skin.

Have you changed:

- body soap?
- laundry detergent?
- fabric softener?
- sanitary products?
- wipes?
- toilet products?
- underwear material?
- shaving products?

Something I changed:

When?

Did anything else change around that time?

You may discover that what seemed like an ordinary household change happened surprisingly close to when your symptoms appeared.

---

4. MEDICATION CHANGES

Now think about medication.

In the period before the problem started, did you:

☐ Start a new medication?

☐ Stop a medication?

☐ Change the dose of something?

☐ Begin using a medication regularly?

☐ Take medication for another health problem?

☐ Take antibiotics?

☐ None of these

☐ Not sure

What changed?

Approximately when?

If you're taking medication and notice a new sexual symptom, **don't stop prescribed medication on your own**.

Instead, make a note of the change and discuss it with your healthcare professional or pharmacist.

5. CONTRACEPTION CHANGES

Think about contraception separately.

Did you recently:

☐ Start contraception?

☐ Stop contraception?

☐ Change contraception?

☐ Have a contraceptive device inserted?

☐ Have one removed?

☐ Change hormonal contraception?

☐ Change another method?

☐ Nothing changed

☐ Not sure

What changed?

When did it change?

When did the discomfort begin?

This is information worth recording because reproductive and hormonal changes can sometimes coincide with changes in sexual comfort.

But again:

Don't assume the contraception is automatically responsible.

---

6. YOUR MENSTRUAL CYCLE

Now look at your cycle.

Ask:

“Did anything about my period or cycle seem different around the time this started?”

For example:

☐ Cycle became irregular

☐ Period timing changed

☐ Bleeding pattern changed

☐ Symptoms around my period changed

☐ I noticed new pelvic discomfort

☐ Something else changed

☐ Nothing noticeable

☐ Not sure

What did you notice?

When did you first notice it?

If you have significant menstrual or pelvic changes alongside painful sex, that information is worth mentioning during a healthcare assessment.

---

7. YOUR SEXUAL ROUTINE

This one is particularly important.

Think about what changed **between you and your partner**.

Did you recently:

☐ Have sex more frequently?

☐ Have sex less frequently?

☐ Go a long period without sex?

☐ Have longer sexual sessions?

☐ Change positions?

☐ Experience more vigorous or prolonged penetration?

☐ Try something new sexually?

☐ Experience discomfort during a particular position?

☐ Notice a change in lubrication/arousal?

☐ None of these

What changed?

---

8. YOUR GENERAL HEALTH

Sometimes the timing clue sits outside your sex life entirely.

Think back.

Were you recently:

☐ Ill?

☐ Recovering from an infection?

☐ Experiencing unusual fatigue?

☐ Dealing with another health problem?

☐ Recovering from a procedure?

☐ Experiencing significant physical changes?

☐ None of these

What happened?

When?

---

9. STRESS AND LIFE CHANGES

Now consider something people often dismiss:

what was happening in your life.

Were you experiencing:

☐ Major stress

☐ Relationship tension

☐ Financial pressure

☐ Work pressure

☐ Poor sleep

☐ Emotional exhaustion

☐ Major family changes

☐ Grief or loss

☐ Anxiety about intimacy

☐ None of these

Stress doesn't mean your pain is imaginary.

Physical discomfort is real.

But stress, anticipation and emotional state can interact with sexual comfort and muscle tension, so major changes in your life are worth recording as part of the overall pattern.

What was happening?

---

10. YOUR BODY WAS ALREADY TELLING YOU SOMETHING

Here's another question:

> **“Was anything else happening in my body before sex became painful?”**

Think about symptoms you may have dismissed.

For example:

- irritation
- itching
- unusual discharge
- unusual odour
- pelvic discomfort
- urinary symptoms
- skin changes
- tenderness
- bleeding
- changes around your period

Don't assume any particular symptom explains the pain.

Simply document it.

Something else I noticed:

It started:

It happens:

☐ Before sex
☐ During sex
☐ After sex
☐ At other times too

THE “WHAT CAME FIRST?” TEST

Now we're going to put the pieces in order.

This is important.

Instead of asking:

> **“What caused the pain?”**

ask:

> **“What happened first?”**

For example:

NEW PRODUCT

↓

IRRITATION

↓

PAINFUL SEX

Or perhaps:

BODY CHANGE

↓

OTHER SYMPTOM

↓

PAINFUL SEX

Or:

PAINFUL SEX

↓

ANXIETY ABOUT SEX

↓

MUSCLE TENSION

The actual pattern may be completely different.

The point is to establish the **sequence**.

YOUR PERSONAL SEQUENCE

Complete this:

FIRST:

↓

THEN:

↓

THEN:

↓

THEN:

↓

NOW:

Look at your sequence.

Is there anything you hadn't previously connected?

THE “I CHANGED THREE THINGS AT ONCE” PROBLEM

Here's a situation that makes things particularly difficult.

Imagine you:

- changed your soap,
- started using a new lubricant,

- and changed contraception

within the same month.

Then painful sex began.

Which one caused it?

You don't know.

And trying to identify the answer by randomly adding more products can make the situation even more confusing.

This is why **tracking changes is more useful than guessing**.

If something concerns you, document it and discuss it with an appropriate healthcare professional.

DON'T LET SOCIAL MEDIA BECOME YOUR DIAGNOSIS

You may see someone say:

> “This exact thing happened to me. It was definitely X.”

That person's experience may be genuine.

But their explanation isn't automatically your diagnosis.

Two people can experience similar symptoms for completely different reasons.

Use online information to generate questions—not to replace proper assessment.

THE 30-DAY AUDIT

Now complete your master checklist.

Category	Did something change?	What changed?	Approx. date
Intimate care	☐ Yes ☐ No	_____	_____
Lubricant	☐ Yes ☐ No	_____	_____
Condom/sexual product	☐ Yes ☐ No	_____	_____
Soap/wipes	☐ Yes ☐ No	_____	_____
Laundry products	☐ Yes ☐ No	_____	_____
Medication	☐ Yes ☐ No	_____	_____
Contraception	☐ Yes ☐ No	_____	_____
Menstrual cycle	☐ Yes ☐ No	_____	_____
Sexual routine	☐ Yes ☐ No	_____	_____

General health	☐ Yes ☐ No	_____	_____
Stress/lifestyle	☐ Yes ☐ No	_____	_____

YOUR THREE BIGGEST CHANGES

From everything you've written, identify the three changes that stand out most.

CHANGE #1

CHANGE #2

CHANGE #3

Now ask:

“Did any of these happen shortly before the pain began?”

☐ Yes

☐ No

☐ I'm not sure

If yes, record the approximate sequence:

WHAT IF NOTHING CHANGED?

This is important.

You may complete this entire chapter and discover:

> **“Nothing obvious changed.”**

That doesn't mean the problem isn't real.

And it doesn't mean you failed the investigation.

Some causes of painful sex aren't connected to an obvious lifestyle or product change.

That's why this chapter is about **clues**, not certainty.

If pain continues or concerns you, appropriate healthcare assessment is still an option—even when you can't identify a trigger.

THE BIGGER PICTURE

By now, you should have three different layers of information.

LAYER 1 — YOUR EXPERIENCE

What does sex feel like now?

LAYER 2 — YOUR PATTERN

Where, when and how does the discomfort occur?

LAYER 3 — YOUR TIMELINE

What changed around the time it started?

This is much more useful than simply searching:

“Why does sex hurt?”

because you're no longer approaching the problem as a blank mystery.

You're collecting information.

YOUR “WHAT CHANGED?” SUMMARY

Complete this final page before moving on.

“Before this started, sex was _____.”

“The first thing I noticed was _____.”

“Around that time, I had also changed _____.”

“I also noticed _____.”

“The strongest pattern I've noticed so far is _____.”

“The thing I still don't understand is _____.”

That last sentence is important.

Because **the thing you still don't understand** becomes the question we need to investigate next.

WHEN TO STOP INVESTIGATING ON YOUR OWN

Remember: this workbook is for organising information.

It isn't a reason to delay medical care.

If the pain is persistent, recurrent, severe, worsening, or interfering with your life, consider appropriate healthcare evaluation.

And seek prompt medical attention for concerning symptoms such as severe pelvic/abdominal pain, significant or unusual bleeding, fever or feeling very unwell, fainting/significant dizziness, or new sores or significant genital changes.

You don't need to figure everything out yourself.

Sometimes the most useful next step is simply:

> **“Here is exactly what I've been experiencing.”**

CHAPTER 3 TAKEAWAY

When sex suddenly becomes painful, don't only investigate the bedroom.

Look at the **30 days before the change**.

Ask:

What did I start?

What did I stop?

What did I change?

What changed in my body?

What changed in my sexual routine?

What was happening in my life?

And most importantly:

What happened FIRST?

Because sometimes the clue isn't hidden inside the painful experience itself.

Sometimes it's hiding in what happened just before it.

NEXT: CHAPTER 4

Now that we've investigated **what changed**, we're going to move from investigation to action.

Before intimacy, there are practical things you can check, notice and communicate—and there are also things you should **not** force yourself to push through.

CHAPTER 4 — BEFORE INTIMACY: THE COMFORT CHECK

A practical 5-minute check before you decide to continue.

:::

CHAPTER 4

BEFORE INTIMACY: THE COMFORT CHECK

A 5-Minute Check Before You Decide to Continue

When sex has suddenly become painful, the moments **before** intimacy matter.

You don't have to wait until penetration hurts before you pay attention to your body.

Sometimes, the most useful question isn't:

> **“How do I make myself endure this?”**

It's:

> **“How does my body feel right now, before we even begin?”**

This chapter gives you a simple pre-intimacy check you can use to notice discomfort, review recent changes, communicate with your partner, and make a better decision about whether to continue.

This is not a ritual designed to guarantee pain-free sex.

It's a **decision and observation tool**.

THE 5-MINUTE COMFORT CHECK™

Before intimacy, pause.

You don't need a complicated routine.

You need five minutes to check in with yourself.

MINUTE 1 — CHECK YOUR BODY

Ask yourself:

“How do I feel physically right now?”

☐ Completely comfortable

☐ Mild irritation

☐ Tenderness

☐ Burning/stinging

☐ Itching

☐ Pelvic discomfort

☐ Already experiencing pain

☐ Something feels unusual

☐ I'm not sure

If you're already experiencing significant discomfort before intimacy, don't automatically assume that sex will somehow make it better.

Pause.

Pay attention to what your body is telling you.

MINUTE 2 — CHECK YOUR COMFORT

Now ask:

“Do I actually feel physically comfortable enough to have sex right now?”

Not:

“Will my partner be disappointed?”

Not:

“We've already started.”

Not:

“I don't want to say no again.”

Not:

“Maybe I should just endure it.”

Your comfort matters.

Right now I feel:

☐ Comfortable

☐ Unsure

☐ Uncomfortable

☐ In pain

If you're uncomfortable, you are allowed to slow down, change what you're doing, pause, or stop.

Consent is not a one-time decision made before intimacy begins.

You can change your mind at any point.

MINUTE 3 — CHECK FOR RECENT CHANGES

Think back to your Chapter 3 investigation.

Ask:

> **“Am I using anything different from when sex was comfortable?”**

Check:

☐ New soap

☐ New intimate-care product

☐ New lubricant

☐ New condom/product

☐ New cream or oil

☐ New wipes

☐ New laundry product

☐ Medication change

☐ Contraception change

☐ Nothing new

☐ Not sure

If you've recently introduced several new products, don't assume that adding **another** product will solve the problem.

Sometimes simplifying your routine and discussing persistent symptoms with a healthcare professional is more sensible than continuing to experiment.

MINUTE 4 — CHECK YOUR EXPECTATIONS

This one is easy to underestimate.

If you've already experienced painful sex several times, you may begin anticipating the pain before intimacy even starts.

You might think:

> *“I hope it doesn't hurt this time.”*

Then:

> *“I know it's probably going to hurt.”*

And suddenly you're paying attention to every sensation.

That doesn't mean the pain is imaginary.

Pain is real.

But anticipation, fear and tension can become part of the overall experience of painful sex.

So ask yourself:

“Am I entering this experience feeling relaxed and willing, or am I already bracing myself for pain?”

☐ Relaxed

☐ Neutral

☐ Nervous

☐ Expecting pain

☐ Already afraid it will hurt

There is no wrong answer.

You're simply collecting another clue.

MINUTE 5 — COMMUNICATE

Before continuing, make sure your partner understands what you're experiencing.

You don't need to give a medical lecture.

You can simply say:

> **“I've been experiencing some discomfort during sex recently, so I need us to take things slowly and I may need to stop if it hurts.”**

Or:

> **“Something has changed and sex hasn't been feeling comfortable for me. I want us to pay attention to that instead of forcing through it.”**

Or simply:

> **“If it starts hurting, I need us to pause.”**

Your partner doesn't have to diagnose the problem.

They need to respect the boundary.

THE COMFORT CHECK™

Before intimacy, answer these seven questions:

1. How does my body feel right now?

2. Am I already experiencing irritation or pain?

3. Have I recently changed any products or routines?

4. Am I genuinely comfortable continuing?

5. Am I anticipating pain?

6. Have I told my partner what I need?

7. What will I do if pain begins?

That final question matters.

Because you should decide **beforehand**, rather than trying to make a decision while you're already uncomfortable.

IF YOU FEEL COMFORTABLE BEFOREHAND

Feeling comfortable before intimacy doesn't guarantee that intercourse will remain comfortable.

Your body can give you new information once intimacy begins.

So continue paying attention.

If something begins to hurt:

PAUSE.

You don't need to prove anything.

You don't need to finish because you started.

You don't need to endure pain because your partner wants to continue.

You can communicate:

> **“That hurts. Let's stop for a moment.”**

Then reassess.

IF PAIN STARTS DURING INTIMACY

This is where many women override themselves.

They think:

> *“Maybe it will go away.”*

So they continue.

If the pain continues, they may become tense.

Then the experience becomes even more uncomfortable.

You don't have to treat pain as an obstacle you simply need to push through.

Instead:

STOP → NOTICE → COMMUNICATE → DECIDE

STOP

Pause the activity causing discomfort.

NOTICE

Where is the discomfort?

What does it feel like?

Has anything changed?

COMMUNICATE

Tell your partner clearly.

DECIDE

Do you want to continue, change what you're doing, or stop completely?

THE “SHOULD WE CONTINUE?” CHECK

If discomfort begins, ask yourself:

Is the discomfort mild and temporary?

☐ Yes
☐ No
☐ I'm not sure

Is it becoming worse?

☐ Yes
☐ No
☐ I'm not sure

Am I trying to ignore it because I feel pressured to continue?

☐ Yes
☐ No

Do I actually want to continue?

☐ Yes
☐ No
☐ I'm unsure

Does something feel significantly wrong or concerning?

☐ Yes
☐ No
☐ I'm not sure

If you're uncomfortable, don't feel obligated to continue simply because intimacy has already begun.

DON'T USE NUMBING TO HIDE THE SIGNAL

This deserves a clear warning.

If something hurts, trying to **numb yourself so you can continue without noticing the pain** isn't a solution.

Pain is information.

Masking it can make it harder to recognise what your body is telling you and could allow an underlying problem to continue unnoticed.

The goal isn't:

> **“How can I stop feeling the pain long enough to finish?”**

The goal is:

> **“Why is this happening, and what should I do about it?”**

WHAT ABOUT LUBRICATION?

Lubrication can be an important part of sexual comfort.

If insufficient lubrication or friction appears to be contributing to discomfort, using an appropriate lubricant may help reduce friction.

But don't automatically assume:

> **“Pain = I need more lubricant.”**

Especially when pain is **new, persistent or recurrent**.

If you've suddenly developed painful sex after previously being comfortable, the change itself deserves attention.

And if a particular lubricant appears to cause irritation, don't keep using it simply because someone online recommended it.

DON'T TURN THE BEDROOM INTO A TESTING LAB

When you're desperate for an answer, experimentation can become tempting.

You try:

- a new wash
- another lubricant
- a different oil
- another cream
- another home remedy
- another product someone recommended

Then you change several things simultaneously.

Now you have even more variables.

Instead, think like an investigator.

Change fewer things.

Observe carefully.

Keep notes.

Don't introduce products simply because they're marketed as solutions to intimate problems.

And when symptoms persist, seek appropriate professional assessment.

THE AFTER-INTIMACY CHECK

Your investigation doesn't end when intimacy ends.

Later, ask:

How does my body feel?

Did the discomfort disappear quickly?

Did it continue for hours?

Did I experience irritation afterwards?

Did I notice anything else unusual?

How long did it take before I felt normal again?

This information goes directly back into your **Intimacy Clue Map™**.

THE 3-DAY COMFORT TRACKER

If you're experiencing recurring discomfort, use this simple tracker.

Day	Before intimacy	During	Afterwards	Anything different?
Day 1	_____	_____	_____	_____
Day 2	_____	_____	_____	_____
Day 3	_____	_____	_____	_____

You're not trying to manufacture a diagnosis.

You're looking for **repeated patterns**.

THE 7-DAY COMFORT TRACKER

For a longer view:

Day	Body comfortable?	Pain?	Where?	What changed?
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____

At the end of the week, ask:

“What keeps repeating?”

That repeated pattern may be more useful than any single uncomfortable experience.

WHEN THE ANSWER IS “NOT TONIGHT”

This deserves its own section.

You are allowed to decide:

“Not tonight.”

You don't need a dramatic reason.

You don't need to prove you're sick.

You don't need to wait until you're in severe pain.

If your body is uncomfortable and you don't want to continue, that's enough.

A healthy intimate relationship has room for:

- communication
- patience
- stopping
- changing plans
- seeking help
- trying again another time

Pain should never become something you are expected to silently endure to keep your partner satisfied.

WHEN THIS CHECK IS NOT ENOUGH

The Comfort Check is useful for observation and decision-making.

It isn't designed to treat an underlying medical condition.

If painful sex keeps happening, is severe, is getting worse, or is interfering with your sexual or everyday life, consider getting evaluated by a qualified healthcare professional.

And don't wait for a self-care routine to “work” if you have concerning symptoms such as severe pelvic or abdominal pain, significant or unusual bleeding, fever or feeling very unwell, fainting/significant dizziness, or new sores or significant genital changes.

YOUR PERSONAL BEFORE-INTIMACY PLAN

Complete this now.

BEFORE INTIMACY, I WILL:

1. Check how my body feels:

---

2. Check for irritation or pain:

---

3. Review any recent product/routine changes:

---

4. Communicate what I need:

---

5. Decide what I will do if pain begins:

---

6. Record what happens afterwards:

CHAPTER 4 TAKEAWAY

You don't have to wait until you're already hurting to pay attention.

Before intimacy, take five minutes.

CHECK YOUR BODY.

CHECK YOUR COMFORT.

CHECK WHAT CHANGED.

CHECK YOUR EXPECTATIONS.

COMMUNICATE.

And if pain begins:

PAUSE. NOTICE. COMMUNICATE. DECIDE.

Your goal isn't to become better at enduring painful sex.

Your goal is to understand the change, protect your comfort, and know when it's time to get proper help.

NEXT: CHAPTER 5

We've investigated **what changed**, mapped the **pain pattern**, and built a practical **before-intimacy check**.

Now we're ready for the question you've probably been waiting for:

WHAT COULD ACTUALLY BE BEHIND THE CHANGE?

In Chapter 5, we'll look at the major categories that can contribute to new pain during sex—without pretending that a PDF can diagnose what's happening inside your body.

CHAPTER 5

WHAT COULD BE BEHIND THE CHANGE?

Understanding the possibilities without diagnosing yourself

You've now done something important.

You haven't simply said:

> **“Sex hurts.”**

You've started identifying:

- **when** the pain happens
- **where** you feel it
- **what** it feels like
- **what happens afterwards**
- **what changed around the time it began**

Now we can look at the bigger question:

What could be contributing to this change?

This chapter is deliberately different from the kind of health content you may find online.

We're not going to give you a long list of frightening diagnoses and tell you to decide which one you have.

Instead, we're going to look at **categories of possible contributors**.

Think of these as **investigation lanes**.

Your clues may point toward one lane, several lanes, or none of them.

And sometimes, only an examination, testing, or a conversation with a healthcare professional can determine what's actually happening.

FIRST: PAIN DOESN'T HAVE ONE UNIVERSAL CAUSE

Two women can both say:

> **“Sex suddenly started hurting.”**

But the reasons may be completely different.

One may be experiencing irritation.

Another may be dealing with reduced lubrication.

Another may have pelvic-floor muscle tension.

Another may have an infection or inflammation.

Another may have a pelvic health condition requiring assessment.

And sometimes more than one factor is involved.

That's why we're not looking for a magic answer.

We're looking for **patterns that tell you what deserves closer attention.**

POSSIBILITY 1

FRICTION & DRYNESS

One of the first things worth considering is whether there is enough natural or additional lubrication for comfortable penetration.

When there isn't enough lubrication, friction can increase.

That may leave you experiencing sensations such as:

- rubbing
- burning
- rawness
- tenderness
- soreness afterwards

You might think:

> *“But I've never had this problem before.”*

That's exactly why the **change** matters.

Lubrication and sexual comfort can change over time for many reasons.

Ask yourself:

Was I experiencing less lubrication than usual?

Did the discomfort feel more like friction, burning or rawness?

Did the discomfort appear mainly around penetration?

Did anything change around the time this started?

IMPORTANT

Don't automatically conclude that dryness is the cause simply because sex hurts.

It's one possibility among several.

POSSIBILITY 2

IRRITATION

Sometimes the tissue around the genital area can become irritated.

And if the area is already irritated, friction during intimacy may make discomfort more noticeable.

Potential clues can include:

- burning
- stinging
- tenderness
- itching
- irritation
- discomfort that isn't limited to sex

This is one reason your Chapter 3 product audit matters.

Ask:

“Did I introduce anything new around the time this started?”

Remember:

A product being used around the same time doesn't prove that it caused the problem.

But it's information worth recording.

YOUR IRRITATION CLUES

Do I notice discomfort outside sex?

☐ Yes
☐ No
☐ Sometimes

Did I recently change products?

☐ Yes
☐ No
☐ Not sure

Do I notice burning, itching or irritation?

☐ Yes
☐ No
☐ Sometimes

POSSIBILITY 3

INFECTION OR INFLAMMATION

Pain during sex can sometimes occur alongside an infection or inflammation.

This is particularly important when pain isn't the **only** thing you're experiencing.

You might also notice other changes, depending on what's happening in your body.

For example:

- unusual discharge
- unusual odour
- itching
- burning
- urinary symptoms

- pelvic discomfort
- bleeding or other unusual symptoms

The important point is this:

Don't diagnose an infection from symptoms alone.

Different conditions can produce overlapping symptoms.

And treating the wrong thing can delay appropriate care.

If painful sex occurs alongside unusual symptoms, especially if they persist or worsen, appropriate healthcare evaluation is the safer route.

POSSIBILITY 4

PELVIC-FLOOR MUSCLE TENSION

This is a possibility many people don't think about.

Your pelvic floor contains muscles that can become tense or overactive.

For some people, pelvic-floor tension can contribute to pain during penetration.

And here's where the pattern can become interesting.

You may notice:

“I expect it to hurt, so I tense up.”

Then penetration becomes uncomfortable.

Then you become more worried about the next experience.

And the anticipation itself can contribute to more tension.

That does **not** mean:

> “It's all in your head.”

It means that the nervous system, muscles and pain experience can interact.

Ask yourself:

Do I notice myself bracing or tightening when I expect penetration?

Does the discomfort seem connected to feeling tense?

Did painful experiences happen repeatedly before I started anticipating the pain?

These observations don't diagnose pelvic-floor dysfunction.

But they can be useful information to discuss with an appropriate healthcare professional.

POSSIBILITY 5

HORMONAL CHANGES

Your body isn't static.

Hormonal changes can affect different aspects of sexual comfort, including lubrication and genital tissue.

This can happen during different periods of life.

Changes may occur around:

- reproductive transitions
- postpartum periods
- breastfeeding
- changes in hormonal contraception
- perimenopause and menopause
- other hormonal changes

You don't need to determine whether hormones are responsible.

Instead, look for **coinciding changes**.

Ask:

> **“Did anything else about my cycle or body change around the same time?”**

I noticed:

☐ Changes in my period

☐ Changes in lubrication

☐ Changes in sexual comfort

☐ Other body changes

☐ Nothing noticeable

☐ I'm not sure

POSSIBILITY 6

PELVIC OR REPRODUCTIVE HEALTH FACTORS

Pain that feels **deep inside**, particularly when it is recurrent, deserves attention.

Especially if you notice:

- deep pelvic pain
- pain with certain types of penetration
- pelvic pain outside sex
- unusual bleeding
- significant menstrual changes
- other reproductive or pelvic symptoms

There are multiple possible causes of pelvic pain.

Some require professional assessment to identify.

This is why we don't want you to read a list of conditions and decide:

> *“That's definitely what I have.”*

The useful action is:

> **Document the pattern and seek appropriate evaluation when the symptoms persist or concern you.**

POSSIBILITY 7

MEDICATION OR CONTRACEPTION CHANGES

Go back to Chapter 3.

Did anything change shortly before the pain started?

If yes, don't automatically assume:

> **“That caused it.”**

Instead:

“This changed around the same time. I should mention it.”

This is particularly useful when speaking with a healthcare professional.

RECORD IT:

What changed?

When?

When did the pain begin?

What happened between those dates?

And if you believe a prescribed medication may be contributing to a problem:

don't stop it without appropriate medical advice.

POSSIBILITY 8

STRESS, FEAR & ANTICIPATION

Let's address something carefully.

Pain during sex is **not automatically psychological**.

If you're hurting, the pain is real.

But your emotional state can still influence the overall experience of intimacy.

Imagine what happens after several painful experiences.

You begin thinking:

> *“Is it going to hurt again?”*

Your body becomes guarded.

You anticipate discomfort.

You may tense without consciously choosing to.

And now intimacy isn't just:

“Will this feel good?”

It's:

“How do I protect myself from getting hurt again?”

That can become part of the cycle.

THE CYCLE

Painful experience

↓

Fear of another painful experience

↓

Anticipation and tension

↓

Less comfortable intimacy

↓

More worry about the next experience

This doesn't explain every case of painful sex.

But when this pattern sounds familiar, it's worth acknowledging rather than blaming yourself.

THE MOST IMPORTANT DISTINCTION

There is a major difference between:

> **“Stress caused your pain.”**

and:

> **“Stress, fear and physical tension can sometimes interact with an existing pain experience.”**

The second statement recognises the complexity of the body.

You don't have to choose between:

“It's physical.”

and

“It's emotional.”

Sometimes the body doesn't work in such neat categories.

POSSIBILITY 9

MORE THAN ONE THING CAN BE HAPPENING

This is one of the most important ideas in the entire guide.

You may be looking for:

ONE cause.

But the reality may be:

Factor A + Factor B + Factor C

For example, several things could potentially overlap:

- a change in lubrication
- irritation
- anxiety after previous painful experiences
- increased muscle tension

The purpose of your Clue Map is to help you see the **whole pattern**, rather than obsessing over one possible explanation.

THE “WHICH LANE?” EXERCISE

Look back at everything you've recorded.

Which category deserves the most attention?

FRICTION/DRYNESS

☐ Strongly resembles my pattern
☐ Possibly
☐ Doesn't seem relevant
☐ Not sure

IRRITATION

☐ Strongly resembles my pattern
☐ Possibly
☐ Doesn't seem relevant
☐ Not sure

INFECTION/INFLAMMATION

☐ Strongly resembles my pattern
☐ Possibly
☐ Doesn't seem relevant
☐ Not sure

PELVIC-FLOOR TENSION

☐ Strongly resembles my pattern
☐ Possibly
☐ Doesn't seem relevant
☐ Not sure

HORMONAL CHANGES

☐ Strongly resembles my pattern
☐ Possibly
☐ Doesn't seem relevant
☐ Not sure

PELVIC/REPRODUCTIVE FACTORS

☐ Strongly resembles my pattern
☐ Possibly
☐ Doesn't seem relevant
☐ Not sure

MEDICATION/CONTRACEPTION

☐ Strongly resembles my pattern
☐ Possibly
☐ Doesn't seem relevant
☐ Not sure

STRESS/ANTICIPATION

☐ Strongly resembles my pattern
☐ Possibly
☐ Doesn't seem relevant
☐ Not sure

NOW ASK THE BETTER QUESTION

Don't ask:

> **“Which diagnosis do I have?”**

Ask:

> **“Which information do I need to investigate or discuss with a professional?”**

That's a much safer and more useful question.

YOUR PERSONAL POSSIBILITY MAP™

My strongest clues are:

1. _____
2. _____
3. _____

The category that seems most relevant is:

_____

The category I don't understand yet is:

_____

The symptom I'm most concerned about is:

The question I want answered is:

“_____?”

WHEN YOU SHOULD STOP SELF-INVESTIGATING

There comes a point where another Google search isn't the answer.

If painful sex:

- keeps happening
- is becoming worse
- is significantly affecting your life
- is severe
- is accompanied by other concerning symptoms

it's time to consider appropriate medical evaluation.

And seek prompt medical attention if you experience concerning symptoms such as **severe pelvic or abdominal pain, significant or unusual bleeding, fever or feeling very unwell, fainting or significant dizziness, or new sores/significant genital changes.**

You don't need to know what's causing the pain before asking for help.

THE BIG AHA MOMENT

The purpose of this chapter isn't to give you a diagnosis.

It's to change how you think about the problem.

Instead of:

> **“Sex hurts. Something must be wrong with me.”**

you can now think:

> **“Something changed. There are several possible contributors. I can observe the pattern, document the clues, and decide what needs professional attention.”**

That is a much more productive place to be.

CHAPTER 5 TAKEAWAY

There isn't one universal reason sex suddenly becomes painful.

Possible contributors can include:

friction or dryness

irritation

infection or inflammation

pelvic-floor muscle tension

hormonal changes

pelvic or reproductive health factors

medication or contraception changes

stress, fear and anticipation

And sometimes **more than one factor overlaps**.

Your job isn't to diagnose yourself.

Your job is to recognise the clues.

A CLUE IS NOT A DIAGNOSIS.

It is information.

And now that you have your clues, the next step is to turn them into a clear **personal pain pattern**—something you can actually use to decide what to do next and, if necessary, explain clearly to a healthcare professional.

NEXT: CHAPTER 6

STOP GUESSING: BUILD YOUR PERSONAL PAIN PATTERN

Turn everything you've noticed into something you can act on.

CHAPTER 6

STOP GUESSING: BUILD YOUR PERSONAL PAIN PATTERN

Turn What You've Noticed Into Something You Can Act On

By now, you've collected quite a bit of information.

You know when the problem started.

You've looked at where the discomfort occurs.

You've examined what it feels like.

You've considered what changed around the same time.

You've also looked at what happens before, during and after intimacy.

But there's a problem.

You can have **lots of information and still feel completely confused.**

You may have written:

> “Sometimes it hurts.”
>
> “Sometimes it doesn't.”
>
> “I think something changed.”
>
> “I don't know if it's my products.”

“I'm not sure whether it's dryness.”

“Maybe it's stress.”

And you're still left asking:

“So what am I actually supposed to do with all of this?”

That's what this chapter solves.

We're going to turn your scattered observations into **one clear personal pain pattern.**

THE DIFFERENCE BETWEEN A SYMPTOM AND A PATTERN

A symptom is:

“Sex hurts.”

A pattern is:

“Sex is usually comfortable at first, but I experience deeper discomfort with certain types of penetration, and the soreness sometimes continues afterwards.”

The second description gives you considerably more information.

It tells you:

- when it happens
- where it happens
- what influences it
- what happens afterwards

That's the goal of this chapter.

Not diagnosis.

Clarity.

YOUR PERSONAL PAIN PATTERN

We're going to build your pattern using seven questions.

1. WHAT WAS NORMAL BEFORE?

Complete:

> **“Before this started, sex was generally _____.”**

_____

_____

_____

2. WHAT CHANGED?

> **“The first difference I noticed was _____.”**

_____

_____

_____

3. WHERE IS THE DISCOMFORT?

☐ Around the entrance

☐ Deeper inside

☐ Both

☐ Pelvic/lower abdominal area

☐ Other: _____

☐ I'm not sure

In my own words:

_____

_____

4. WHEN DOES IT START?

☐ Before intimacy

☐ When penetration begins

☐ During intercourse

☐ With deeper penetration

☐ Immediately afterwards

☐ Hours later

☐ The following day

☐ It varies

My usual pattern:

_____

_____

5. WHAT DOES IT FEEL LIKE?

Choose the descriptions that fit best.

☐ Burning

☐ Stinging

☐ Rawness

☐ Sharp pain

☐ Aching

☐ Pressure

☐ Tightness

☐ Tenderness

☐ Cramping

☐ Other: _____

My description:

“The discomfort feels like _____.”

---

6. HOW LONG DOES IT LAST?

During intimacy:

Afterwards:

Completely gone by:

---

7. WHAT MAKES THE EXPERIENCE DIFFERENT?

This is where your investigation becomes particularly useful.

Ask:

> **“When does it seem better?”**

And:

> **“When does it seem worse?”**

Think about differences such as:

- particular positions
- different days
- different stages of your cycle
- different products
- different levels of comfort/arousal
- frequency of intimacy
- stress
- other circumstances you've noticed

Don't assume you've found the cause.

You're simply documenting the difference.

THE PATTERN SENTENCE

Now we're going to compress everything you've discovered into one sentence.

Complete this:

> **“Sex was previously _____. Around _____, I noticed _____. The discomfort happens mainly _____,**

feels like _____, and lasts _____. I've noticed it is different when _____."

Read your completed sentence.

Does it sound more specific than:

"Sex suddenly started hurting"?

It should.

That's progress.

YOUR PAIN PATTERN CARD™

This is the one-page summary you can keep.

WHEN IT STARTED

WHERE IT HURTS

WHEN IT STARTS

WHAT IT FEELS LIKE

INTENSITY

____ / 10

HOW LONG IT LASTS

WHAT HAPPENS AFTERWARDS

WHAT SEEMS TO MAKE IT BETTER

WHAT SEEMS TO MAKE IT WORSE

WHAT CHANGED AROUND THE SAME TIME

OTHER SYMPTOMS

NOW ADD YOUR “WHAT I'VE TRIED” LIST

This is another piece people often forget.

If you've already tried to solve the problem, record it.

I tried:

1. _____

What happened?

---

2. _____

What happened?

---

3. _____

What happened?

---

4. _____

What happened?

Don't judge yourself for trying things.

When something embarrassing or uncomfortable happens, people naturally look for quick answers.

The purpose of writing this down is simply to prevent you from forgetting what you've already attempted.

WHAT ACTUALLY HELPED?

This question is just as important.

Sometimes something made the experience:

- more comfortable
- less uncomfortable
- completely unchanged

- worse

Record it.

Something that seemed to help:

Something that seemed to make it worse:

Something I'm not sure about:

Again, **“seemed to” doesn't mean “caused.”**

We're observing.

YOUR COMFORTABLE VS. UNCOMFORTABLE COMPARISON

This is one of the most valuable exercises in the book.

Think of one experience that was uncomfortable.

Then think of one experience that was comfortable—or at least less uncomfortable.

Compare them.

LESS/NO DISCOMFORT	**MORE DISCOMFORT**

Where?	_____	_____
When?	_____	_____
Position?	_____	_____
Products?	_____	_____
Lubrication?	_____	_____
Stress level?	_____	_____
Cycle timing?	_____	_____
Other differences?	_____	_____

Now ask:

> **“What is the clearest difference between these two experiences?”**

That difference is worth remembering.

But don't automatically label it the cause.

YOUR “THINGS I DON'T KNOW YET” LIST

This may sound strange.

But it's important.

You don't need to force an answer where you don't have one.

Write down the things that remain uncertain.

I don't yet know:

1. _____

2. _____

3. _____

4. _____

This is not failure.

It tells you exactly what questions may need further investigation or professional discussion.

TURN YOUR CONFUSION INTO QUESTIONS

Instead of saying:

> “Something is wrong.”

turn it into specific questions.

For example:

Vague:

> “Why does sex hurt?”

Better:

> “Why has intercourse recently become painful when it wasn't before?”

Even better:

> “I've recently developed recurring discomfort during deeper penetration. What could contribute to this, and what should I be evaluated for?”

Specific questions produce better conversations.

YOUR HEALTHCARE CONVERSATION SHEET

If you decide to see a healthcare professional, you can take this page with you.

I first noticed the problem:

Before that, sex was:

The discomfort occurs:

The location is:

The sensation is:

Severity:

____ / 10

It lasts:

Other symptoms:

Recent changes:

Medications/contraception changes:

Things I've already tried:

My biggest concern is:

My main question is:

WHAT TO EXPECT FROM YOURSELF

You do **not** need to walk into an appointment saying:

> “I think I have endometriosis.”

or:

> “I think I have an infection.”

or:

> “I think my hormones are damaged.”

You can simply say:

> **“Sex was previously comfortable, but recently I've started experiencing pain. Here's when it happens, where it occurs, what it feels like, and what else I've noticed.”**

That's enough to start the conversation.

A healthcare professional can then determine whether you need examination, testing, treatment or further evaluation.

DON'T IGNORE A REPEATED PATTERN

There's a difference between:

> **“That was uncomfortable once.”**

and:

> **“This keeps happening.”**

If a new pain pattern repeatedly appears, don't allow the fact that you're still functioning normally in other areas of life to convince you that it doesn't matter.

You deserve to understand what's happening.

And you don't have to wait until the pain becomes unbearable.

YOUR PERSONAL NEXT-STEP DECISION

Now look at your completed Pain Pattern Card.

Which statement best describes you?

A — IT WAS A ONE-OFF

The discomfort happened once and hasn't returned.

My plan:
Observe and take note if it happens again.

B — IT HAS HAPPENED A FEW TIMES

There's a pattern beginning to appear.

My plan:
Continue documenting the pattern and pay attention to recurring clues.

C — IT KEEPS HAPPENING

The problem is becoming recurrent.

My plan:
Consider discussing the recurring pain with a qualified healthcare professional rather than continuing to guess.

D — IT IS SEVERE OR GETTING WORSE

The problem is significantly affecting me or changing rapidly.

My plan:
Seek appropriate medical evaluation rather than relying on this guide alone.

YOUR 7-DAY OBSERVATION PLAN

For the next seven days, you don't need to obsess over your body.

Simply record relevant changes.

EVERY DAY, NOTE:

How my body feels:

Any unusual symptoms:

Products/routines used:

Stress/energy level:

Any intimacy:

Comfort/pain:

Anything different today:

At the end of seven days, look back.

Ask:

> **“What keeps appearing?”**

YOUR FINAL PERSONAL PAIN PATTERN

Now complete this final statement:

> **“My experience is different from how it used to be because _____.”**
>
> **“The discomfort usually occurs _____.”**
>
> **“The most noticeable sensation is _____.”**
>
> **“The biggest change around the time it started was _____.”**
>
> **“The pattern I want to understand better is _____.”**
>
> **“The next sensible step for me is _____.”**

Keep this.

You have now transformed a vague, embarrassing problem into a structured description.

A FINAL REMINDER

This chapter gives you a **framework for observation**.

It does not tell you what condition you have.

If the pain persists, recurs, becomes severe, worsens, or is accompanied by concerning symptoms, appropriate medical assessment is important.

Seek prompt care for symptoms such as severe pelvic or abdominal pain, significant or unusual bleeding, fever or feeling very unwell, fainting/significant dizziness, or new sores or significant genital changes.

You don't need to finish this book before getting help.

CHAPTER 6 TAKEAWAY

You started with:

> **“Sex suddenly started hurting and I don't know why.”**

Now you have:

A timeline.

A location.

A sensation.

A frequency.

A severity level.

A list of changes.

A list of things you've tried.

A comparison between comfortable and uncomfortable experiences.

And most importantly:

A CLEARER DESCRIPTION OF YOUR OWN PATTERN.

That's far more useful than guessing at a diagnosis.

NEXT: CHAPTER 7

We've done the investigation.

Now we answer the question the reader has been waiting for:

“WHAT DO I DO NOW?”

Chapter 7 will bring everything together into a simple **next-step decision guide**—including what to stop doing, what to start doing, when to monitor, and when it's time to seek professional help.

CHAPTER 7

SO, WHAT DO I DO NOW?

Your next-step plan when sex has suddenly become painful

You know something has changed.

You've mapped the pain.

You've looked at what changed around the same time.

You've checked your pre-intimacy routine.

You've considered the different factors that could potentially contribute.

But you're probably still asking:

“Okay… but what am I actually supposed to do?”

This is where we stop collecting clues and start making decisions.

The goal isn't to find a random remedy and hope.

The goal is to choose the **safest next step based on what your body is telling you.**

THE FIRST RULE
DON'T FORCE YOUR WAY THROUGH PAIN

This sounds obvious.

But when painful sex happens inside a relationship, it's surprisingly easy to override your own discomfort.

You might think:

“Maybe it will get better if I continue.”

“I don't want to disappoint him.”

“We've already started.”

“It's not THAT bad.”

“I'll just endure it.”

But repeatedly pushing through pain doesn't solve the reason the pain is happening.

If something hurts, **pause.**

You are allowed to stop.

YOUR 4-STEP DECISION SYSTEM™

When sex suddenly becomes painful, use this:

1. PAUSE

Stop the activity causing pain.

Don't immediately reach for another product, remedy or internet diagnosis.

Give yourself a moment to assess what you're experiencing.

2. CHECK

Ask:

Is this new?

Is it recurring?

Is it getting worse?

Are there other symptoms?

Did something change around the same time?

Is the pain mild, moderate or severe?

3. CHOOSE

Based on what you've observed, decide whether you should:

OBSERVE

if it was isolated and has resolved.

ADJUST

if you have identified a potentially irritating routine or comfort issue that can safely be addressed.

BOOK AN APPOINTMENT

if the problem is recurring, unexplained or interfering with your life.

SEEK PROMPT CARE

if you have significant or concerning symptoms.

4. FOLLOW THROUGH

This is the step people skip.

They notice something.

They worry.

They Google.

They try something.

It improves slightly.

They forget about it.

Then it happens again.

Instead:

Notice → document → act → reassess.

Don't let a recurring problem become your new normal simply because you've learned how to tolerate it.

THE GREEN LIGHT
WHEN YOU CAN MONITOR

If the discomfort was:

- mild
- isolated
- short-lived
- completely resolved
- not accompanied by concerning symptoms

you may choose to monitor what happens next.

That doesn't mean:

> **“Ignore it forever.”**

It means:

> **“I noticed something unusual, and I'm going to pay attention rather than panic.”**

If it happens again, your notes become more valuable.

THE YELLOW LIGHT
WHEN IT'S TIME TO INVESTIGATE

Consider professional assessment when:

- pain keeps returning
- you cannot identify why it started
- it's interfering with intimacy
- you're changing your behaviour because you're afraid of the pain
- you have other symptoms
- the problem isn't improving
- you've repeatedly tried to manage it yourself without resolving it

This is particularly important when the pain is **new and recurrent**.

You don't need to wait until it becomes unbearable.

THE RED LIGHT
WHEN NOT TO KEEP EXPERIMENTING AT HOME

Some symptoms deserve prompt medical attention rather than another round of self-treatment.

Seek appropriate medical care if you experience symptoms such as:

- severe pelvic or abdominal pain
- significant or unusual bleeding
- fever or feeling very unwell
- fainting or significant dizziness
- new sores or significant genital changes
- rapidly worsening symptoms

The exact urgency depends on the symptoms and your circumstances.

The important principle is:

Don't let a self-help guide delay necessary medical care.

WHAT TO STOP DOING

When you're desperate to make the problem disappear, certain habits can make the situation more confusing.

STOP CHASING A MAGIC PRODUCT

You don't need another bottle simply because someone online says it worked for them.

Your body isn't identical to theirs.

STOP CHANGING FIVE THINGS AT ONCE

If you suddenly change:

- soap
- lubricant
- underwear
- intimate products
- supplements

and then your symptoms change, you won't know what made the difference.

Keep your approach simple.

STOP ASSUMING EVERY PRODUCT IS SAFE FOR YOU

“Natural” doesn't automatically mean:

non-irritating

or:

appropriate for genital tissue.

Be cautious about putting homemade mixtures, essential oils, harsh cleansers or unverified remedies on or inside sensitive genital areas.

STOP USING PAIN AS A TEST OF YOUR RELATIONSHIP

Pain isn't a failure.

And needing to stop isn't rejection.

You shouldn't have to prove love by tolerating physical discomfort.

WHAT TO START DOING
START PAYING ATTENTION TO PATTERNS

Your body is giving you information.

Record it.

START SIMPLIFYING

If you suspect a product or routine may be contributing to irritation, don't respond by adding more products.

Review what you're using.

START COMMUNICATING EARLY

Don't wait until you're already in pain.

Tell your partner what you're experiencing.

START TAKING RECURRING PAIN SERIOUSLY

Not every episode means something serious is wrong.

But recurring unexplained pain deserves attention.

THE “BEFORE I BUY ANOTHER REMEDY” CHECKLIST

Before purchasing another product promising to fix your problem, ask:

☐ Do I actually know what problem I'm treating?

☐ Could this product irritate sensitive tissue?

☐ Am I using it because a qualified professional recommended it?

☐ Am I simply desperate for the pain to disappear?

☐ Have I already tried several products without solving the problem?

☐ Would professional assessment make more sense at this point?

If you answered **“I don't know”** repeatedly, that's useful information.

It may be time to stop experimenting and get clarity.

THE PARTNER CONVERSATION

Sometimes the physical problem becomes harder because the woman feels she has to hide it.

You don't have to explain everything perfectly.

Try:

> **“Something has changed and sex hasn't been comfortable for me lately. I don't want to keep pushing through the pain. I need us to slow down and pay attention to what's happening.”**

If you need to stop:

> **“I'm uncomfortable, so I need to stop.”**

If you want to try again another time:

> **“I'm not saying I don't want you. I'm saying my body isn't comfortable right now.”**

A caring partner should be able to hear the difference.

IF YOUR PARTNER SAYS, “BUT IT NEVER USED TO HURT”

That's exactly the point.

You don't need to defend yourself.

You can say:

“I know. That's why I'm paying attention to the change.”

You aren't claiming something terrible is wrong.

You're acknowledging that something is **different.**

And a change worth noticing is worth understanding.

YOUR 48-HOUR RESET

This isn't a medical treatment.

It's a **pause-and-observe period.**

For the next 48 hours:

1. Don't force painful intimacy.

Give your body space if you're uncomfortable.

2. Keep your routine simple.

Avoid experimenting with multiple new intimate products.

3. Record symptoms.

Write down anything unusual.

4. Review your clues.

Look at your Pain Pattern Card.

5. Decide whether the problem is resolving or recurring.

Then make your next decision based on what you're actually observing.

YOUR 7-DAY ACTION PLAN

DAY 1 — DOCUMENT

Write your complete pain pattern.

DAY 2 — AUDIT

Review products, routines and recent changes.

DAY 3 — OBSERVE

Pay attention to symptoms outside intimacy.

DAY 4 — COMMUNICATE

Make sure your partner understands what's happening.

DAY 5 — REVIEW

Look for patterns rather than isolated incidents.

DAY 6 — DECIDE

Is this improving, recurring or getting worse?

DAY 7 — ACT

Choose:

Continue observing

or

seek professional evaluation.

THE BIGGEST MISTAKE TO AVOID

Don't turn this book into another form of procrastination.

You can read:

- another article
- another Facebook post
- another TikTok
- another Reddit thread
- another “natural remedy”
- another product review

for months.

And still not know what's causing your pain.

Information is useful.

But at some point:

YOU HAVE TO ACT ON THE INFORMATION.

If the pattern is persistent or concerning, appropriate healthcare assessment may be the most productive next step.

YOUR PERSONAL ACTION CARD

Complete this page.

WHAT I KNOW:

My pain usually happens:

It feels like:

It started:

The biggest change I noticed was:

Other symptoms I have noticed:

WHAT I WILL STOP:

WHAT I WILL START:

THE NEXT STEP I WILL TAKE:

☐ Monitor

☐ Simplify my routine

☐ Talk to my partner

☐ Book a healthcare appointment

☐ Seek prompt medical care

☐ Other: _____

THE MOST IMPORTANT THING TO REMEMBER

You don't need to be embarrassed because your body changed.

You don't need to blame yourself.

You don't need to blame your partner.

And you don't need to convince yourself that painful sex is simply something you have to accept.

Your body can change.

Your sexual comfort can change.

And when something changes unexpectedly, the answer isn't always obvious.

That's okay.

You don't need to know the answer immediately.

You need to know **what to do next.**

CHAPTER 7 TAKEAWAY

When sex suddenly becomes painful:

PAUSE.

Don't force yourself through it.

CHECK.

Look at the pattern and accompanying symptoms.

SIMPLIFY.

Don't throw five new remedies at the problem.

COMMUNICATE.

Tell your partner what you need.

DOCUMENT.

Keep track of recurring patterns.

ESCALATE WHEN NECESSARY.

Persistent, recurrent, severe or concerning symptoms deserve appropriate professional attention.

You don't have to diagnose yourself to take yourself seriously.

NEXT: CHAPTER 8

THE “DON'T DO THIS” LIST

Common mistakes women make when trying to fix sudden painful sex—and what to do instead.

CONCLUSION

THE COMPLETE “WHAT CHANGED?” INVESTIGATION

Your final investigation before deciding what to do next

You've done the hardest part already: **you stopped treating the pain as something you simply have to tolerate.**

Now we're going to put everything together.

Because when sex was comfortable before and suddenly isn't, one of the most useful questions you can ask is:

“What changed?”

Not:

> “What's wrong with me?”

Not:

> “Which scary diagnosis do I have?”

Not:

> “Which product should I buy?”

Just:

> **“What changed around the time this started?”**

Sometimes the answer is obvious.

Sometimes it's subtle.

And sometimes you won't find the answer yourself.

That's okay.

This investigation isn't designed to diagnose you. It's designed to help you **notice, organise and communicate the clues.**

PART 1 — YOUR TIMELINE

Start with the simplest question.

WHEN DID SEX FIRST BECOME PAINFUL?

Approximate date:

_____

Before this:

"Sex was usually _____."

After this:

"I started noticing _____."

WHAT HAPPENED AROUND THAT TIME?

Think back a few weeks—not just the day you first noticed pain.

Did anything change?

BODY

☐ Menstrual/cycle changes

☐ Hormonal changes

☐ Pregnancy/postpartum period

☐ Breastfeeding

☐ New pelvic symptoms

☐ Other body changes

☐ Nothing obvious

MEDICATION

☐ Started something new

☐ Stopped something

☐ Changed dosage

☐ Changed contraception

☐ No changes

☐ Not sure

PRODUCTS

☐ New soap/body wash

☐ New intimate product

☐ New lubricant

☐ New condom/product

☐ New cream/oil

☐ New wipes

☐ New laundry product

☐ Other

☐ Nothing changed

LIFE

☐ Major stress

☐ Relationship changes

☐ Sleep disruption

☐ Major life event

☐ Emotional distress

☐ Nothing obvious

PART 2 — FIND THE FIRST CLUE

Look at your answers.

Which change happened **closest to the beginning of the problem?**

My first possible clue:

When did it happen?

When did the pain begin?

How close were the two events?

Remember:

Timing is a clue, not proof.

Just because something happened before the pain doesn't automatically mean it caused it.

PART 3 — THE PRODUCT AUDIT

This is one of the most useful sections of the investigation.

Go through everything you regularly use around your intimate area.

CLEANSING

What do I use?

How often?

Did I start using it recently?

☐ Yes
☐ No

LUBRICATION

What do I use, if anything?

When did I start using it?

Does discomfort seem different when I use it?

☐ Yes

☐ No

☐ Not sure

OTHER PRODUCTS

List anything else:

Then ask:

> **“Was I using all of these products when sex was still comfortable?”**

☐ Yes

☐ No

☐ I don't remember

That one question can be surprisingly useful.

PART 4 — THE INTIMACY PATTERN

Now look specifically at what happens during intimacy.

DOES THE PAIN HAPPEN:

☐ Every time

☐ Most times

☐ Occasionally

☐ Only in certain circumstances

☐ I can't predict it

DOES IT CHANGE WITH:

Different positions?

☐ Yes
☐ No
☐ Not sure

Deeper penetration?

☐ Yes
☐ No
☐ Not sure

More or less lubrication?

☐ Yes
☐ No
☐ Not sure

Different levels of arousal?

☐ Yes
☐ No
☐ Not sure

Stress or anxiety?

☐ Yes
☐ No
☐ Not sure

Different times in your cycle?

☐ Yes
☐ No
☐ Not sure

Frequency of intimacy?

☐ Yes
☐ No
☐ Not sure

Again, you're not diagnosing.

You're identifying **differences between experiences.**

PART 5 — THE LOCATION CLUE

Where you feel pain matters.

PAIN AT OR NEAR THE ENTRANCE

If discomfort is mainly around the entrance, describe it:

“It feels like _____.”

Examples might include burning, stinging, tenderness or tightness.

DEEPER PAIN

If the discomfort feels deeper:

“It feels like _____.”

Describe:

- when it happens
- whether particular movements make it worse
- whether it continues afterwards
- whether you experience pelvic discomfort outside intimacy

BOTH

If you experience both:

“At the entrance I feel _____, while deeper inside I feel _____.”

That distinction is useful information.

PART 6 — THE “OUTSIDE SEX” TEST

This is important.

Ask yourself:

“Do I experience discomfort even when I'm not having sex?”

☐ No

☐ Sometimes

☐ Frequently

☐ Almost constantly

If yes, describe it:

Also note any other unusual symptoms you've noticed.

You don't have to decide what they mean.

Just record them.

PART 7 — THE AFTER-EFFECTS

What happens after intimacy?

Immediately:

One hour later:

Several hours later:

The next morning:

Does the discomfort completely disappear?

☐ Yes

☐ No

☐ Sometimes

This gives you another piece of your pattern.

PART 8 — THE FAILED-SOLUTION AUDIT

Now let's look at what you've already tried.

Because repeated failed attempts tell us something important:

the problem hasn't simply gone away on its own.

WHAT HAVE YOU TRIED?

☐ Different lubricant

☐ Different position

☐ New intimate wash

☐ Cream or oil

☐ Home remedy

☐ Medication

☐ Stopped a product

☐ Changed contraception

☐ Avoided intimacy

☐ Searched online

☐ Asked friends/family

☐ Spoken to a healthcare professional

☐ Nothing yet

What helped?

What didn't help?

What made things worse?

What are you still tempted to try?

That last question is worth answering honestly.

It tells you where desperation may be pushing your decision-making.

PART 9 — THE “WHAT I'M AFRAID OF” CHECK

Sometimes the biggest problem isn't only the physical discomfort.

It's what you think the discomfort means.

Complete these sentences.

“I'm afraid that…”

“I'm worried my partner will…”

“I'm scared this means…”

“If this continues, I worry that…”

“The thing I haven't told anyone is…”

You don't have to show this page to anyone.

It's for you.

PART 10 — SEPARATE FACTS FROM FEARS

This is an important exercise.

Create two columns.

WHAT I KNOW	WHAT I'M AFRAID OF
_____	_____
_____	_____
_____	_____
_____	_____

For example:

What I know:

> “Sex has recently become painful.”

What I'm afraid of:

> “This means something is seriously wrong with me.”

Those are not the same statement.

Keeping them separate can prevent fear from becoming your diagnosis.

PART 11 — YOUR THREE STRONGEST CLUES

You've collected enough information.

Now choose the three clues that stand out most.

CLUE #1

CLUE #2

CLUE #3

Now ask:

> **“Do these clues point toward something I should discuss with a healthcare professional?”**

☐ Yes

☐ No

☐ I'm not sure

If you're unsure, that's okay.

Uncertainty is a legitimate reason to ask for professional guidance.

PART 12 — THE FINAL “WHAT CHANGED?” MAP

Fill this out in one sitting.

BEFORE

Sex was:

THE CHANGE

I first noticed:

TIMING

It started around:

LOCATION

The discomfort is:

SENSATION

It feels like:

FREQUENCY

It happens:

AFTERWARDS

I experience:

RECENT CHANGES

The biggest changes around that time were:

PRODUCTS

I use:

OTHER SYMPTOMS

I have noticed:

WHAT I'VE TRIED

WHAT HELPED

WHAT DIDN'T HELP

WHAT I'M WORRIED ABOUT

YOUR ONE-PARAGRAPH SUMMARY

Now turn everything into one short paragraph.

Use this template:

> **“Sex was previously comfortable for me. Around _____, I started experiencing _____. The pain usually happens _____ and feels like _____. I've noticed it is worse/better when _____. Around the same time, I changed/noticed _____. I have also experienced _____. I have tried _____, but _____. My biggest concern is _____.”**

This is your **Personal Pain Summary™**.

Save it.

If you eventually speak with a healthcare professional, this can help you explain the situation without forgetting important details.

YOUR FINAL DECISION

Now that you've completed the investigation, choose the statement that best describes your situation.

OPTION A — IT HAS STOPPED

The pain happened but has completely resolved.

My next step:

Continue paying attention if it returns.

OPTION B — IT'S OCCASIONAL

It happens sometimes but isn't consistent.

My next step:

Continue documenting the pattern and note what circumstances are different.

OPTION C — IT'S RECURRING

It keeps happening and is affecting intimacy.

My next step:

Consider appropriate healthcare evaluation rather than repeatedly guessing or experimenting.

OPTION D — IT'S GETTING WORSE

The pain is becoming more frequent or severe.

My next step:

Seek appropriate medical evaluation.

OPTION E — THERE ARE OTHER CONCERNING SYMPTOMS

You have painful sex plus symptoms that concern you.

My next step:

Don't rely on this guide alone. Seek appropriate medical advice.

For severe pelvic/abdominal pain, significant or unusual bleeding, fever or feeling very unwell, fainting/significant dizziness, or new sores/significant genital changes, seek prompt medical attention.

THE BIGGEST LESSON FROM THIS ENTIRE GUIDE

You began with a question:

“Why does sex suddenly hurt?”

There may not be one answer you can discover from a PDF.

And that's okay.

What you *can* do is move from:

CONFUSION

↓

OBSERVATION

↓

PATTERN

↓

INFORMED NEXT STEP

That is the real purpose of this guide.

You aren't trying to become your own doctor.

You're learning how to stop ignoring your body, stop blindly experimenting, and recognise when you need more information.

YOUR FINAL CLUE CARD

Screenshot or print this page.

MY PAIN STARTED:

IT USUALLY HAPPENS:

IT IS LOCATED:

IT FEELS LIKE:

IT LASTS:

AFTERWARDS:

THE BIGGEST CHANGE AROUND THE TIME IT STARTED:

OTHER SYMPTOMS:

WHAT I'VE TRIED:

WHAT I'M STILL UNSURE ABOUT:

MY NEXT STEP:

CHAPTER 9 TAKEAWAY

The question isn't always:

“What disease do I have?”

A better starting question is:

“What changed?”

Then:

Where does it hurt?

When does it happen?

What does it feel like?

What happens afterwards?

What changed around the same time?

What have I already tried?

What other symptoms are present?

Is this recurring?

What do I need to do next?

That's how you turn a frightening, embarrassing and confusing experience into something you can actually act on.

ONE LAST THING

This guide is an **educational self-observation tool**, not a diagnostic or treatment substitute.

If your pain continues, recurs, worsens, or is affecting your quality of life, getting evaluated by a qualified healthcare professional is an appropriate next step.

And if you're experiencing severe or concerning symptoms, don't wait until you've completed every worksheet in this book.

Get help first.

FINAL QUICK-REFERENCE GUIDE

SEX SUDDENLY HURTS.
WHAT DO I DO NOW?

You don't need to reread the entire guide every time.

Use this page.

Save it. Screenshot it. Come back to it whenever you need it.

STEP 1 — STOP AND LISTEN

If sex suddenly becomes painful:

DON'T FORCE YOURSELF TO CONTINUE.

Pause.

You don't have to finish.

You don't have to explain yourself perfectly.

You don't have to pretend you're fine.

Your first job is simply to notice:

“Something doesn't feel right.”

STEP 2 — IDENTIFY THE PAIN

Ask yourself:

WHERE?

☐ At the vaginal entrance

☐ Deeper inside

☐ Both

☐ Unsure

WHEN?

☐ At the beginning

☐ During penetration

☐ With deeper penetration

☐ Afterwards

☐ Throughout intimacy

WHAT DOES IT FEEL LIKE?

☐ Burning

☐ Stinging

☐ Soreness

☐ Pressure

☐ Cramping

☐ Sharp pain

☐ Aching

☐ Tightness

☐ Something else: _____

You don't need a medical term.

Describe what you actually feel.

STEP 3 — ASK “WHAT CHANGED?”

Think backwards.

Did I recently change:

☐ Soap/body wash?

☐ Intimate products?

☐ Lubricant?

☐ Condoms?

☐ Cream/oil?

☐ Laundry products?

☐ Medication?

☐ Contraception?

☐ Anything else?

Did something change in my:

☐ Menstrual cycle?

☐ Hormonal situation?

☐ General health?

☐ Stress level?

☐ Sleep?

☐ Relationship?

☐ Sexual routine?

Write down anything that stands out.

Remember:

A connection in timing is a clue—not proof of a cause.

STEP 4 — CHECK FOR OTHER SYMPTOMS

Ask:

Do I also have:

☐ Unusual discharge?

☐ New or unusual odour?

☐ Itching?

☐ Burning?

☐ Pain outside sex?

☐ Bleeding?

☐ Sores or unusual skin changes?

☐ Pelvic/abdominal discomfort?

☐ Fever or feeling unwell?

☐ None of these?

Don't use this checklist to diagnose yourself.

Use it to decide whether there is **more information that needs attention.**

STEP 5 — DON'T PANIC. DON'T GUESS.

One painful experience doesn't automatically tell you what's wrong.

And it doesn't automatically mean something serious.

But repeated unexplained pain shouldn't simply become:

> **“That's just how sex is for me now.”**

If it keeps happening, pay attention.

STEP 6 — REVIEW WHAT YOU'RE USING

Before reaching for another remedy, ask:

> **“Could something I'm using be contributing to irritation?”**

Review your:

- intimate products
- cleansers
- lubricants
- creams
- oils
- wipes
- other products used around the genital area

Avoid adding multiple new products at once.

Be particularly cautious with homemade mixtures, fragrances, essential oils and unverified products used on sensitive genital tissue.

STEP 7 — KNOW YOUR NEXT MOVE
GREEN — MONITOR

The episode was mild, isolated and completely resolved.

Your move:

Observe and record if it happens again.

YELLOW — INVESTIGATE

The pain is recurring, unexplained or interfering with intimacy.

Your move:

Consider speaking with an appropriate healthcare professional.

Take your **Personal Pain Summary** with you.

RED — GET PROMPT HELP

If you have severe pelvic/abdominal pain, significant or unusual bleeding, fever or feeling very unwell, fainting/significant dizziness, or new sores/significant genital changes:

Don't keep experimenting at home. Seek prompt medical attention.

THE 60-SECOND CHECK

When you're overwhelmed, answer only these five questions:

1. WHEN DID THIS START?

---

2. WHERE DOES IT HURT?

---

3. WHAT DOES IT FEEL LIKE?

---

4. WHAT CHANGED AROUND THAT TIME?

---

5. IS IT HAPPENING AGAIN?

☐ Yes

☐ No

That's enough to get started.

IF IT HAPPENS TONIGHT

Here's exactly what to do.

PAUSE.

Don't push through the pain.

NOTICE.

Where is it? What does it feel like?

COMMUNICATE.

Tell your partner you're uncomfortable.

DON'T EXPERIMENT.

Don't immediately start applying random remedies.

WRITE IT DOWN.

Record what happened.

WATCH THE PATTERN.

Does it happen again?

ACT IF NECESSARY.

Recurring, worsening or concerning symptoms deserve appropriate professional attention.

WHAT TO SAY TO YOUR PARTNER

If you don't know what to say:

> **“Something feels different and I'm experiencing pain. I need us to slow down. I don't want to push through it.”**

If you need to stop:

> **“I need to stop because I'm uncomfortable.”**

If you're worried they'll take it personally:

> **“This isn't about whether I want you. I'm listening to what my body is telling me.”**

You don't owe anyone pain to prove intimacy.

WHAT TO SAY TO A HEALTHCARE PROFESSIONAL

You don't need an elaborate explanation.

Start with:

> **“Sex was previously comfortable for me, but recently I've started experiencing pain during intercourse.”**

Then explain:

When it started:

Where it hurts:

What it feels like:

How often it happens:

Other symptoms:

Recent changes:

What you've already tried:

That's enough to begin the conversation.

THE GOLDEN RULE

When sex suddenly becomes painful:

DON'T IGNORE IT.

DON'T PANIC.

DON'T GUESS.

DON'T FORCE IT.

Instead:

NOTICE → DOCUMENT → SIMPLIFY → COMMUNICATE → DECIDE

And when you need professional help:

ASK.

There is nothing shameful about asking why something that used to feel normal suddenly doesn't.

FINAL WORD

Maybe you opened this guide at 2am because you were scared.

Maybe you had sex with your partner and something suddenly felt different.

Maybe you've been quietly wondering:

“Why is this happening to me?”

The truth is that there isn't always one simple explanation.

But there is something powerful you can do:

You can stop ignoring the change.

You can pay attention to the pattern.

You can question what changed.

You can stop blindly experimenting.

You can communicate with your partner.

And you can recognise when it's time to get professional help.

Your body isn't something you have to fight.

It's something you have to **listen to.**

Pain is a signal—not a punishment.

And you don't have to be ashamed of listening to it.