

Menstrual health symptom questionnaire

Use the questionnaire to record symptoms you are experiencing that require further discussion with your health professional.

Please note. This questionnaire has been developed to support women and girls identify symptoms related to periods and is not intended guide treatment choices.

Mark the score that best describes your symptoms.

Symptoms	0. Not at all	1. Rarely	2. Less than half the time	3. About half the time	4. More than half the time	5. Always
<p>Bleeding or Period Symptoms. Over the past 3 months have you noticed any of the following symptoms?</p> <ul style="list-style-type: none"> • Heavy bleeding that interferes with your physical and emotional wellbeing. • Clots. For example, clumps of blood on wiping, or on pads or in the toilet? • Flooding. Bleeding that flows quickly and runs down your legs or hit the floor when you stand up? Do you have to change your clothes or bedding? 	0	1	2	3	4	5
<p>Vomiting. Do you have nausea (feeling sick) or are vomiting (being sick) during your period or mid-way through your cycle?</p>	0	1	2	3	4	5
<p>Pain. Do you have cramping pain, abdominal pain, pelvic pain, or pain in back or down legs?</p>	0	1	2	3	4	5
<p>Vulva or vaginal symptoms. over the last 6 months, have you experienced any irritation, dryness, soreness, pressure feeling or discharge in the vulva (outside part of female genitals) or vagina?</p>	0	1	2	3	4	5
<p>Headache symptoms. Do you have headaches? Are they worse at any time during your cycle?</p> <p>Do you have migraines? These are headaches with aura- like tingling, visual changes, or nerve symptoms often before the headache.</p>	0	1	2	3	4	5

Symptoms around sex. Has intercourse (having sex) or smear tests been more painful or caused any bleeding? Do you feel any pain in your back passage during intercourse?	0	1	2	3	4	5
Gastrointestinal Symptoms. Over the last three months have you experienced any of the following? <ul style="list-style-type: none"> • Constipation, bloating or gas • Pain in the pelvic area or lower back • Rectal bleeding while menstruating • Extreme pain during a bowel movement • Abdominal pain 	0	1	2	3	4	5
Skin and body hair. Have you experienced changes to your skin? For example: <ul style="list-style-type: none"> • Acne • Changes to having dry or oily skin. • Increased body or facial hair 	0	1	2	3	4	5
Joint, coordination and balance issues. Have you noticed any of the following? <ul style="list-style-type: none"> • Feeling clumsy • Off balance • Increased injuries or falls. 	0	1	2	3	4	5
Urinary symptoms. Do you have any changes to how to pass urine? Is this more or less often than usual? Any pain or burning symptoms? Any difficulty getting started going to the toilet or difficulty controlling your urine?	0	1	2	3	4	5
Mood or emotional or psychiatric symptoms. Have you experienced feeling down or hopeless in the last 3 months? Have you had any thoughts of wanting to harm yourself or that you don't want to be here? Have your eating patterns changed? For example, any binge eating or restricting diet?	0	1	2	3	4	5

Other questions your GP might ask.

1. How many days are you bleeding for?
2. How many days are there between your periods?
3. What is the date of your last period?
4. What is the date of the last time you had sexual intercourse.
5. What contraception do you use?
6. Have you had any pregnancies?
7. Do you have any plans for pregnancy?

Select the score that best describes your experience.

Experience	0. Never	1. Rarely	2. Sometimes	3. Often	4. Always
My symptoms affect my ability to work, attend school or education	0	1	2	3	4
My symptoms affect my relationships	0	1	2	3	4
My symptoms affect my enjoyment of life	0	1	2	3	4

What is the most important thing you want to discuss?

Submit your answer in this space.

Name:

Date:

Please take this questionnaire with you or hand in to the surgery ahead of your appointment to discuss your symptoms with your general practice team.

