

Questions Relating to Menstruation

At what age did you begin menstruation? _____

Have your periods ever stopped? _____

Are your periods painful? If so, where is the pain located? (Please underline)

Low Back Lower Abdomen Upper thighs Other _____

When do you feel the pain? (Please underline)

Before period During period Following period Other _____

What does the pain feel like? (Please underline)

Dull Cramping Sharp Stabbing Other _____

Does anything make the pain feel better? (Please underline)

Warmth Pressure on the area Cold Rest Exercise Other _____

Do you experience breast tenderness in relation to your period? _____

Do you experience mood changes in relation to your period? If so, what are they, and when do you notice them most? _____

Are you Peri-menopausal or Menopausal?

If so, for how long? _____

Have you experienced any of the following in relation to menopause? (Please underline)

Changes in body temperature Fatigue Mood changes Incontinence

Changes in appetite or cravings Changes in libido Other _____

Are you taking any supplements or medications for symptoms or changes related to menopause? _____

Pregnancy

Have you ever been pregnant? _____ If so, how many times? _____

Have you given birth? _____ If so, how many times? _____

Were there any complications with your pregnancy/pregnancies or delivery/deliveries? _____

Did you breast-feed? _____

Have you ever had a miscarriage? _____

Have you ever had to abort a pregnancy? _____

Contraception

Do you use any form of contraception? If so, please list _____

Have there been any complications with your use of contraceptives? _____
