



REPRODUCTIVE HEALTH SCREEN

(Answer questions below - Circle Yes or No)

Menstrual History

- Yes No Is your entire cycle (from one period to the next) longer than 35 days?
Yes No Do your cycles vary more than 7 days in length or do you ever skip your period?

Abnormal Bleeding

- Yes No Do you bleed for more than 7 days? If yes, how many days? _____ (Days)
Yes No Do you have bleeding between your periods?
Yes No Do you use more than 1 pad or tampon every 2 - 3 hours on heavy days?
Yes No Do you pass large clots?
Yes No Do you have more than 1- 2 days of brown spotting at the end of your blood flow?
Yes No Do you have more than 1- 2 days of spotting before the first heavy day of your_flow?

Pelvic Pain

- Yes No Do you have severe pain with your periods?
Yes No Do you have bowel pain or problems during your period?
Yes No Do you have pain with intercourse?
Yes No Do you have low back pain with your periods?

Premenstrual (PMS) Symptoms

- Yes No Are your PMS symptoms moderate or severe?

Please check any of the following symptoms if you notice them **more than 3 days** before your period:

- | | |
|-------------------------------|----------------------|
| _____ (a) Irritability | _____ (f) Cry easily |
| _____ (b) Breast tenderness | _____ (g) Depression |
| _____ (c) Bloating | _____ (h) Headache |
| _____ (d) Weight gain | _____ (i) Fatigue |
| _____ (e) Salt/Sweet cravings | _____ (j) Insomnia |
| _____ (k) Other _____ | |

How many days before your period do those symptoms begin? _____ (days)

Symptoms of Polycystic Ovaries

- Yes No Do you have unwanted or excessive hair growth?
Yes No Do you have irregular or infrequent periods?

Infertility or Recurrent Miscarriage

- Yes No Have you been trying to conceive for longer than 12 months?
Yes No Have you had more than 2 miscarriages?