SYMPTOMS QUESTIONNAIRE

SpeakGyno

After completing this symptoms questionnaire, share your results with your doctor.
Please note: this questionnaire is not meant to diagnose you with a medical condition.

Rate your pain on a scale of 0-10 (0 being no pain and 10 being severe pain)

WHAT IS YOUR OVERALL PAIN?

0 1 2 3 4 5 6 7 8 9 10 N/A

HOW PAINFUL ARE YOUR PERIODS?

0 1 2 3 4 5 6 7 8 9 10 N/A

HOW PAINFUL IS PELVIC PAIN IN BETWEEN PERIODS?

0 1 2 3 4 5 6 7 8 9 10 N/A

WHAT IS YOUR PAIN WITH SEX?

0 1 2 3 4 5 6 7 8 9 10 N/A

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING? (Select all that apply)

____ Abdominal pain
____ Painful bowel movements
____ Painful urination
____ Bleeding or spotting between periods
____ Irregular periods
____ Heavy bleeding during your periods
____ Bloating
____ Fatigue
____ Feeling sick or faint or vomiting during your period
____ Unexplained weight gain or loss
____ Not being able to participate in activities because of pain, exhaustion or weakness
____ Changes in your breasts that are not due to pregnancy
____ Other

IF OTHER, PLEASE EXPLAIN:

_____
_____
_____

DO YOU HAVE ANY OTHER CONDITIONS OR CONCERNS? (Select all that apply)

____ Uterine fibroids
____ Painful bladder syndrome
____ Pelvic inflammatory disease
____ Irritable bowel syndrome
____ Infertility
____ Other

IF OTHER, PLEASE EXPLAIN:

_____
_____
_____

HOW LONG HAVE YOU BEEN LIVING WITH THESE SYMPTOMS?

HAVE THE SYMPTOMS GOTTEN WORSE OVER TIME?

Yes No

DOES ANYTHING IMPROVE OR WORSEN YOUR SYMPTOMS?

Yes No

IF YES, PLEASE EXPLAIN:

_____
_____
_____

WHAT TREATMENT(S) HAVE YOU USED OR ARE USING TO MANAGE YOUR SYMPTOMS?

_____
_____
_____

Make an appointment with your doctor and use this symptoms questionnaire as a starting point.