Menstrual questionnaire – tracking will give so you a general health guide - periods are a monthly report.

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| **A guide/report** | **(Ideal)** | **In the past** | **Best ‘normal’** | **Now /last one** | **Following on 1** | **Following on 2** | **Following on 3** |
| **Bleeding** |  |  |  |  |  |  |  |
| Regularity (cycle) | 28/29 days |  |  |  |  |  |  |
| Bleeding time | 4-5 days |  |  |  |  |  |  |
| Flowing | No stop/start |  |  |  |  |  |  |
| Spotting/lead up | None |  |  |  |  |  |  |
| Colour starting | Red |  |  |  |  |  |  |
| General colour | Red |  |  |  |  |  |  |
| Finishing colour  | Darker red |  |  |  |  |  |  |
| Consistency | Liquid/flowing |  |  |  |  |  |  |
| Size of clots | none |  |  |  |  |  |  |
| Gushes/flooding? | none |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Ovulation - mid | Stretchy, clear |  |  |  |  |  |  |
| Odour | None  |  |  |  |  |  |  |
| Itchiness | None |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Period pain** |  |  |  |  |  |  |  |
| Before  | No |  |  |  |  |  |  |
| During | No |  |  |  |  |  |  |
| After | No |  |  |  |  |  |  |
| Location  | No |  |  |  |  |  |  |
| Moves around | No |  |  |  |  |  |  |
| Changes acc to ? |  |  |  |  |  |  |  |
| What worsens |  |  |  |  |  |  |  |
| What lessens |  |  |  |  |  |  |  |
| How long it lasts |  |  |  |  |  |  |  |
| **A guide/report** | **(Ideal)** | **In the past** | **Best ‘normal’** | **Now /last one** | **Following on 1** | **Following on 2** | **Following on 3** |
| Generalised tension | No  |  |  |  |  |  |  |
| Back pain | No |  |  |  |  |  |  |
| Pain with sex | None  |  |  |  |  |  |  |
| Pain with peeing | None |  |  |  |  |  |  |
| Pain with pooing | None |  |  |  |  |  |  |
| Pain with sitting | None |  |  |  |  |  |  |
| Pain in belly/back | None |  |  |  |  |  |  |
| Discharges | None (ov mucous excepted) |  |  |  |  |  |  |
| Allergies  | No |  |  |  |  |  |  |
| Asthma | No |  |  |  |  |  |  |
| Skin rashes | No |  |  |  |  |  |  |
| Pimples | None  |  |  |  |  |  |  |
| Eye problems | No |  |  |  |  |  |  |
| Headaches | No |  |  |  |  |  |  |
| Neck/body upsets | No |  |  |  |  |  |  |
| General distress | No |  |  |  |  |  |  |
| Stronger B.O. | No |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Breasts** |  |  |  |  |  |  |  |
| Itchy nipples | None  |  |  |  |  |  |  |
| Breast pain | None  |  |  |  |  |  |  |
| Hotter breasts | None  |  |  |  |  |  |  |
| Lumpiness worse | No  |  |  |  |  |  |  |
| Growth (bra size) | None  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **A guide/report** | **(Ideal)** | **In the past** | **Best ‘normal’** | **Now /last one** | **Following on 1** | **Following on 2** | **Following on 3** |
| **Belly** |  |  |  |  |  |  |  |
| Swelling | No |  |  |  |  |  |  |
| Aching | No  |  |  |  |  |  |  |
| Bowel changes | No |  |  |  |  |  |  |
| Disturbances | No |  |  |  |  |  |  |
| Pain | No |  |  |  |  |  |  |

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| **Urinary**  |  |  |  |  |  |  |  |
| Burning  | None |  |  |  |  |  |  |
| Can’t pee well | No  |  |  |  |  |  |  |
| Obstructed | No  |  |  |  |  |  |  |
| Dripping/dribbling | No |  |  |  |  |  |  |
| Up to pee nightly | No |  |  |  |  |  |  |
| Painful end of pee | No |  |  |  |  |  |  |
| Painful to pee | No |  |  |  |  |  |  |
| More frequent  | No change |  |  |  |  |  |  |
| Can’t fully empty | No |  |  |  |  |  |  |
| Smellier pee | No |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Moods** |  |  |  |  |  |  |  |
| Irritability | No  |  |  |  |  |  |  |
| Depressed | No |  |  |  |  |  |  |
| Anxious | No |  |  |  |  |  |  |
| Rageful | No |  |  |  |  |  |  |
| Suicidal | No |  |  |  |  |  |  |
| No difference | yes |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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| **Sleeping disturbances** |  |  |  |  |  |  |  |
| Sleep better |  |  |  |  |  |  |  |
| Sleep worse |  |  |  |  |  |  |  |
| More dreams |  |  |  |  |  |  |  |
| Tooth grinding |  |  |  |  |  |  |  |
| T.M.J. |  |  |  |  |  |  |  |
| Hot flushes |  |  |  |  |  |  |  |
| Hot feet |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Add in your own issues** |  |  |  |  |  |  |  |
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