Heavy Mentrual Bleeding

1. How often do you get your period? Every \_\_\_\_\_\_\_\_ days
2. When was your last period? \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
3. How many days does your period normally last each month\_\_\_\_\_\_\_\_\_ days
4. Any recent changes in your period? YES NO
5. Is the cycle longer or shorter? LONGER SHORTER
6. Is you period longer? YES NO
7. Has the amount of bleeding/flow increased? YES NO
8. How often do you change pads/tampons on your heaviest day? \_\_\_\_ per day
9. Has that changed recently? YES NO
10. Do you have to change a pad/tampon during the night? YES NO
11. Are you concerned about having accidents related to heavy
 menstrual flow? YES NO
12. Do your periods interfere with your ability to participate in work,
 school, social events, or other activities? YES NO
13. Do you pass blood clots during your period? YES NO
14. If yes, how big are the clots? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Have they become larger? YES NO
16. Do you bleed between periods? YES NO
17. Was your vaginal bleeding related to any recent physical trauma
 YES NO
18. Do you bleeding during sexual intercourse or shortly afterwards?
 YES NO
19. Do you have a personal or family history of a bleeding disorder?
 YES NO
20. Are your periods painful? YES NO
21. If yes, do you what do you take for your cramps or pain? \_\_\_\_\_\_\_\_\_\_\_
22. What are your plans to have a child/another child/more children?
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
23. What do you use for contraception? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
24. What medications, including herbal preparations do you use?
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_