

SYMPTOMS CHECKLIST

<u>Symptoms Checklist</u>	<u>Grade</u>	<u>Comments</u>
GYNECOLOGICAL		
1. Painful periods	_____	_____
2. Painful ovulation	_____	_____
3. Painful intercourse	_____	_____
4. Other abdominal pain	_____	_____
5. Heavy bleeding with period	_____	_____
6. Irregular periods	_____	_____
7. Chronic yeast	_____	_____
GASTROINTESTINAL		
1. Painful bowel movement - with menses	_____	_____
2. Painful bowel movement - anytime	_____	_____
3. Urgency with bowel movement	_____	_____
4. Blood in stool	_____	_____
5. Bloating	_____	_____
6. Constipation/diarrhea	_____	_____
7. Nausea/vomiting	_____	_____
MYOFASCIAL/MUSCULOSKELETAL		
1. Lower back pain	_____	_____
2. Pain with certain movements/activities	_____	_____
URINARY TRACT		
1. Pain with urination	_____	_____
2. Frequency of urination	_____	_____
PSYCHOLOGICAL		
1. Stress	_____	_____
2. Depression	_____	_____
3. Anxiety	_____	_____
4. Anger	_____	_____
5. PMS - three worst symptoms		
A. _____		
B. _____		
C. _____		

For symptoms: Grade 0 - No Symptoms
 Grade 10 - Symptoms (pain, etc.) as severe as the worst I have experienced