

Patient Name:

DOB:

Date:

Menstrual Functional Index

PHASE 1: FOLLICULAR PHASE

1) Is your menstrual cycle regular like clockwork? If your cycle is not regular, by how many days does it vary from month-to-month? (circle one)

[0-2 days] = **0** [3-4 days] = **1**
 [5-7 days] = **2** [more than 7 days] = **3**

2) Do you have any spotting during the follicular phase of your cycle? (circle one)

[Yes] = **3** [No] = **0**

3) Do you have any of the following types of cervical or vaginal discharge during the follicular phase?

• Thick & milky • Green & turbid • Copious amount • Yellow & cloudy

[Yes] = **3** [No] = **0**

PHASE 2: OVULATION PHASE

1) Did you have cervical discharge at the time of your ovulation?

Circle the choice that best describes your discharge:

[Abundant, clear and stretchy] = **0** [No discharge at ovulation] = **3**
 [Abundant, clear, not stretchy] = **2** [Thick and milky] = **3**
 [Abundant, not clear, stretchy] = **2** [Yellow and cloudy] = **3**
 [Scanty, but clear and stretchy] = **2** [Green and turbid] = **3**

2) Did you have any spotting or breakthrough bleeding at the time of your ovulation?

[Yes] = **3** [No] = **0**

3) Did you have any pain, cramping, pinching, or twinge sensations at ovulation?

[Yes] = **3** [No] = **0**

4) Did you feel feverish, or experience unusually elevated temperatures at ovulation?

[Yes] = **3** [No] = **0**

PHASE 3: LUTEAL PHASE

1) Do you have any of the following types of cervical or vaginal discharge during the follicular phase?

• Thick & milky • Green & turbid • Copious amount • Yellow & cloudy

[Yes] = **3** [No] = **0**

2) Did you have any spotting or breakthrough bleeding during the luteal phase of your cycle?

[Yes] = **3** [No] = **0**

PHASE 4: PRE-MENSTRUAL PHASE

1) Do you experience any of the following PMS symptoms

(circle the intensity of each PMS symptom that you experience)

	None	Mild	Moderate	Severe
Abdominal Pain / Cramping	0	1	2	3
Acne	0	1	2	3
Breast pain / tenderness	0	1	2	3
Constipation	0	1	2	3
Diarrhea or Loose Stools	0	1	2	3
Fatigue / Dizziness	0	1	2	3
Food Cravings	0	1	2	3
Headaches or Migraines	0	1	2	3
Irritability / Mood Swings	0	1	2	3
Low Back Pain / Joint Pain	0	1	2	3
Night Sweats / Hot Flashes / Insomnia	0	1	2	3
Swelling / Edema	0	1	2	3

2) On what day of your cycle do your PMS signs begin?

[No PMS] = **0** [Day 25-Menses] = **1** [Day 19-Menses] = **2** [Day 14-Menses] = **3**

3) Do your PMS signs cease as soon as your menses begin?

[Yes] = **3** [No] = **0**

PHASE 5: BLEEDING PHASE

1) Did you experience any pain or uncomfortable cramping during your menstruation?

[Yes] = **3** [No] = **0**

2) How many days did you bleed during your period?

[4-5] = **0** [3 or 6] = **1** [2 or 7] = **2** [less than 2 or more than 7] = **3**

3) Describe the color(s) of your menstrual blood:

Circle the description that best represents the predominant color of your menstrual blood

[Fresh red] = **0**
 [Predominantly fresh red with some other colors mixed in] = **2**
 [Purple, brown, dark red or black] = **3**

4) How long does it generally take you to soak a tampon or pad?

[4 hrs] = **0** [3 or 5 hrs] = **1** [2 or 6 hrs] = **2** [< 1 or > 6 hrs] = **3**

5) Describe the clotting that you experience during menstruation:

[No clotting] = **0**
 [Small clots that are the same color as the menstrual blood] = **1**
 [Small clots that are darker than the rest of the menstrual blood] = **2**
 [Large clots that are darker than the rest of the menstrual blood] = **3**

* A Small Clot is the size of a dime or smaller and a Large Clot is the larger than a dime