



Menstrual / Menopause Functional Assessment

Name

Date

Weight

If you are here to address menopause related complaints, you can skip questions that are not pertinent to you.

- 1) Is your cycle from the start of menstruation to the start of menstruation the following month regular? If your cycle is not regular, by how many days does it vary from month to month?

N/A	1-2 days	3-4 days	5-7 days	More than 7 days
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- 2) Do you experience spotting during your cycle other than with menstruation? Yes No
- 3) Do you experience any of the following types of cervical / vaginal discharge?

Thick & Milky	Green	Yellow	Copious
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- 4) Do you experience cervical / vaginal discharge when you ovulate?

Yes No What does it look like (think, thin, stretchy, clear, white, green)
- 5) Any spotting or bleeding with ovulation? Yes No
- 6) Any pain, cramping, pinching with ovulation? Yes No
- 7) If you experience PMS/PMDD, on what day of your cycle do the symptoms begin? Start counting from your first day of menstruation.
- 8) Do your symptoms stop as soon as menstruation begins? Yes No
- 9) If you develop headaches as part of your cycle, do they begin before or after menstruation and do they stop when you menstruate?
- 10) Do you experience menstrual cramping? Yes No
- 11) How severe is the cramping on a 1-10 scale, 10 being severe, debilitating pain?
- 12) How many days do you menstruate? Does heat applied to your abdomen help? Yes No
- 13) What is the color of your menses? Fresh red Purple/dark/brown/black
- 14) How much clotting is present? No clots Small clots Large Clots Very large clots
Small clot is about the size of a dime, large clots bigger than a nickel and very large look like membranous tissue
- 15) How heavy is your flow?

16) If you are menopausal, when was your last menstrual cycle?

17) Do you experience abnormal vaginal bleeding? Yes No

18) Is your libido Absent Low High

19) Have you had any hormone testing? Yes No

20) Do you have a copy of your lab results? Yes No

Do you experience any of the following symptoms, Premenstrually or in Menopause?

SYMPTOMS	None	Mild	Mod	Severe
Abdominal Pain /Cramping				
Breast Pain / Tenderness				
Constipation				
Diarrhea / Loose Stools / Constipation				
Fatigue / Dizziness				
Headaches or Migraines				
Irritability / Anger/Mood Swings / Crying				
Night Sweats / Hot Flashes				
Swelling / Edema				
Palpitations				
Insomnia				
Vaginal Dryness				
Painful Intercourse				

Any other symptoms? Please describe.