



My menstrual health checklist



It can be overwhelming to know what to ask in your GP or specialist appointment and to keep track of all your symptoms and cycle dates. Use our menstrual health checklist and take it along with you, so you're prepared for the questions you might be asked and you're equally armed with what to ask in return.

Menstrual cycle details:

It can be helpful to keep a period diary with the dates and durations of your periods, along with any symptoms you experience. Take this along with you.

Age when periods started:

Date of last menstrual period:

Typical cycle length (days):

Period duration (days):

Are your periods regular? Yes No

If no, describe the irregularity:

Symptoms:

Flow:

How many pads/tampons do you use per day?

Do you experience clots? Yes No

If yes, describe size (similar to a 1p, 5p, 10p or 50p coin), colour (bright red, dark red, brown) and frequency:

Changes in flow? Describe:

Pain (Dysmenorrhea):

None: Yes No

Severity:

Where is the pain located?

How would you describe the pain?
(e.g., cramping, stabbing, aching)

When does the pain occur?
(e.g., before, during, after period)

How long does the pain last?

Does the pain interfere with daily activities?

Yes

No

What, if anything, helps relieve the pain?

Premenstrual symptoms (PMS):

Mood swings:

Yes

No

Irritability:

Yes

No

Anxiety:

Yes

No

Depression:

Yes

No

Bloating:

Yes

No

Breast tenderness:

Yes

No

Headaches:

Yes

No

Fatigue:

Yes

No

Changes in appetite:

Yes

No

Sleep problems:

Yes

No

Difficulty falling asleep:

Yes

No

Difficulty staying asleep:

Yes

No

Concentration problems:

Yes

No

Other PMS symptoms:

Bleeding between periods (intermenstrual bleeding):

Yes

No

When does it occur?:

How heavy is it?:

Bleeding after intercourse:

Yes

No

Unusual vaginal discharge:

Yes

No

Describe:

Pain during intercourse:	Yes	No
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Other symptoms:

Medical history:

Any previous menstrual health problems?	Yes	No
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If yes, please describe:

Any other medical conditions?	Yes	No
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If yes, please describe:

Medications:	Yes	No
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If yes, please describe:

Family history of menstrual health problems?	Yes	No
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If yes, please describe:

Lifestyle factors:

Stress levels:

Exercise habits:

Diet:

Smoking:	Yes	No
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How many?

Alcohol consumption:	Yes	No
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How often?

Questions for my GP

- What could be causing my symptoms?
- What tests or examinations do you recommend?
- What treatment options are available?
- What are the potential side effects of these treatments?
- Are there any lifestyle changes that could help me?
- Should I see a specialist?
- What are the long-term implications of my condition?

- How will this affect my fertility?
- How often should I follow up with you?
- Where can I find support groups or more information?

Notes:

Please add any other symptoms or concerns you have here:

Explore our period health hub (axahealth.co.uk/staying-healthy/womens-health/period-health) and find out more about the phases of the menstrual cycle and the symptoms for each, along with what PMS and PMDD is.