

Patient Name: _____ Date: _____

Circle one answer from each category to best describe your situation

A.

1. I have no practical difficulties, bleed no more than I expect and take no extra precautions.
2. I have to carry extra sanitary protection with me but take no other precautions.
3. I have to carry extra sanitary protection and clothes because of the risk of flooding.
4. I have severe problems with flooding, soil the bedding and need to be close to a toilet.

B.

1. My social life is unaffected during my cycle. I can enjoy life as much as usual.
2. My social life is slightly affected during my cycle. I may have to cancel or modify my plans.
3. My social life is limited during my cycle. I rarely make any plans.
4. My social life is devastated during my cycle. I am unable to make any plans.

C.

1. During my cycle I have no worries I can cope normally.
2. During my cycle I experience some anxiety and worry.
3. During my cycle I often feel down and worry about how I'll cope
4. During my cycle I feel depressed and cannot cope.

D.

1. During my cycle I feel well and relaxed. I am not concerned about my health.
2. During my cycle I feel well most of the time. I am a little concerned about my health.
3. During my cycle I often feel tired and do not feel especially well. I am concerned about my health.
4. During my cycle I feel very tired and do not feel well at all. I am seriously concerned about my health.

E.

1. There are no interruptions to my work/daily routine during my cycle.
2. There are occasional disruptions to my work/daily routine during my cycle.
4. There are severe disruptions to my work/daily routine during my cycle.
3. There are frequent disruptions to my work/daily routine during my cycle.

F.

1. My family life/relationships are unaffected during my cycle.
2. My family life/relationships suffer some strain during my cycle.
3. My family life/relationships suffer quite a lot during my cycle.
4. My family life/relationships are severely disrupted as a result of my cycle.