

## WOMEN'S HEALTH SCREEN (WHS)

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| <p><b>PART 1: PREMENSTRUAL COMPLAINTS</b><br/>Check the symptoms you experience regularly <i>one to two weeks</i> before your period</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Irritability</li> <li><input type="checkbox"/> Nervous tension</li> <li><input type="checkbox"/> Aggressive or hostile toward family/friends</li> <li><input type="checkbox"/> Engage in self-destructive behavior</li> <li><input type="checkbox"/> Weight gain</li> <li><input type="checkbox"/> Water retention</li> <li><input type="checkbox"/> Abdominal bloating</li> <li><input type="checkbox"/> Tender, swollen and/or painful breasts</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Breast lumps increase in size and tenderness</li> <li><input type="checkbox"/> Discharge from nipple</li> <li><input type="checkbox"/> Craving for sweets</li> <li><input type="checkbox"/> Increased appetite</li> <li><input type="checkbox"/> Heart palpitations</li> <li><input type="checkbox"/> Fatigue</li> <li><input type="checkbox"/> Headaches</li> <li><input type="checkbox"/> Shaky or clumsy</li> <li><input type="checkbox"/> Depressed</li> <li><input type="checkbox"/> Withdrawn</li> <li><input type="checkbox"/> Confused</li> <li><input type="checkbox"/> Forgetful</li> <li><input type="checkbox"/> Insomnia/difficulty sleeping</li> </ul>  |
| <p><b>PART 2: MENSTRUAL COMPLAINTS</b><br/>Check the symptoms</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cramping in lower abdomen or pelvic area</li> <li><input type="checkbox"/> Sharp intermittent pain</li> <li><input type="checkbox"/> Dull aching pain</li> <li><input type="checkbox"/> Upset stomach</li> <li><input type="checkbox"/> Diarrhea</li> <li><input type="checkbox"/> Nausea or vomiting</li> <li><input type="checkbox"/> Low backaches</li> <li><input type="checkbox"/> Headaches</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Difficulty concentrating</li> <li><input type="checkbox"/> Accident prone</li> <li><input type="checkbox"/> Unusual fatigue (take naps)</li> <li><input type="checkbox"/> Decreased productivity</li> <li><input type="checkbox"/> Weight gain</li> <li><input type="checkbox"/> Painful and/or swollen breasts</li> <li><input type="checkbox"/> Irritability</li> <li><input type="checkbox"/> Mood swings</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Painful intercourse</li> </ul>  |
| <p><b>PART 3: HORMONAL AND OVARIAN IMBALANCE</b><br/>Check any of the following statements</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Heavy prolonged menstrual bleeding/clotting</li> <li><input type="checkbox"/> Menstrual bleeding that lasts longer than five days</li> <li><input type="checkbox"/> Menstruation that occurs too frequently (every twenty-one to twenty-four days)</li> <li><input type="checkbox"/> Irregular periods (once every three to six months)</li> <li><input type="checkbox"/> Menstrual cycles every thirty-six days or longer or fewer than eight times a year</li> <li><input type="checkbox"/> Difficulty getting pregnant</li> </ul>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Facial hair and/or excess body hair (coarse)</li> <li><input type="checkbox"/> Loss of temple hair, balding</li> <li><input type="checkbox"/> Deepening voice</li> <li><input type="checkbox"/> Increased muscle mass</li> <li><input type="checkbox"/> Loss of breast tissue</li> <li><input type="checkbox"/> Unusually light menstrual flow ("spotting")</li> <li><input type="checkbox"/> Menses last three days and are light</li> <li><input type="checkbox"/> Bleeding between periods is light ("staining")</li> <li><input type="checkbox"/> Bleeding between periods is heavy and/or clots</li> <li><input type="checkbox"/> Abnormal vaginal discharge</li> <li><input type="checkbox"/> Frequent urination</li> </ul>   |
| <p><b>PART 4: PERI- AND POSTMENOPAUSE</b><br/>Check any of the following symptoms and/or behaviors</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Decline in vital energy and sense of well being</li> <li><input type="checkbox"/> Hot flashes</li> <li><input type="checkbox"/> Night sweats</li> <li><input type="checkbox"/> Spontaneous sweating</li> <li><input type="checkbox"/> Chills</li> <li><input type="checkbox"/> Depressed</li> <li><input type="checkbox"/> Irritable</li> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Anger</li> <li><input type="checkbox"/> Mood swings</li> <li><input type="checkbox"/> Headaches</li> <li><input type="checkbox"/> Forgetful</li> <li><input type="checkbox"/> Difficulty concentrating</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Difficulty sleeping</li> <li><input type="checkbox"/> Urinary problems</li> <li><input type="checkbox"/> Vaginal problems</li> <li><input type="checkbox"/> Dry skin</li> <li><input type="checkbox"/> Bleeding between periods</li> <li><input type="checkbox"/> Irregular periods</li> <li><input type="checkbox"/> Stopped menstruating</li> <li><input type="checkbox"/> Joint and muscle pain</li> <li><input type="checkbox"/> Change in sexual desire</li> <li><input type="checkbox"/> Difficulty with orgasm</li> <li><input type="checkbox"/> Painful intercourse</li> <li><input type="checkbox"/> Loss of muscle tone</li> <li><input type="checkbox"/> Vaginal bleeding any time</li> <li><input type="checkbox"/> Vaginal bleeding after sex</li> <li><input type="checkbox"/> Vaginal discharge</li> </ul> |

