

WOMEN'S HEALTH SCREEN (WHS)

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 Withdrawn 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

