

Menstrual History

Name _____ Age _____ Date _____

Age of Menarche: _____ Cycle length two yrs after menarche: _____

Typical cycle length: _____ Typical menses length: _____

Date of most recent period _____ Date of period before most recent _____

Amount of blood: (heavy, moderate, light): _____

Color of blood: (dark, bright, pale, black, purple, brown, scarlet) _____

Consistency: (clots-dull dark, clots- fresh dark, Large clots, small clots, watery): _____

Menstrual pain: (before, during, after) (stabbing, cramping) (severe, mild) (dragging, heaviness): _____

irritability, depression, crying _____

nausea/vomiting _____

constipation- before, during, after _____

diarrhea- before, during, after _____

headaches before, during, after _____

breast distention, swollen-painful breasts _____

water retention before _____

insomnia (during, after) _____

Vaginal discharge:

Color _____ Consistency _____ Smell _____

Pregnancy: How many times? _____

Nausea and vomiting _____ Oedema _____

High blood pressure _____ Other problems _____

How many births? _____ Problems during birthing _____

Any problems after birth? (ex. Depression, anemia, fatigue...) _____

Any miscarriages or abortions? _____ Any problems after? _____