

WOMEN'S HEALTH QUESTIONNAIRE

This questionnaire is designed for women who are experiencing menstrual, menopausal, or gynaecological health concerns. Your answers will assist your practitioner in gaining information about your presentation and assist in the creation of your treatment plan.

When answering, please consider your symptoms from the **last 6 months**. Answer all questions in each section, as this will ensure the most accurate interpretation of your results. You should however leave a question blank if you are unsure of the answer, and discuss this with your practitioner.

Should you answer 'Yes', place a tick in all the **unshaded boxes** in columns A, B, C or D for that row. If there is more than one unshaded box per question, add a tick to all unshaded boxes. If your answer is 'No', then leave the box blank.

EXAMPLE – If you have presented with endometriosis	A	B	C	D
Do you have medically diagnosed endometriosis?	√		√	√

SECTIONS 1 – 7: MENSTRUATION

	A	B	C	D	N/A
SECTION 1: ENDOMETRIOSIS, FIBROIDS, OVARIAN CYSTS, PCOS					
1. Have you been medically diagnosed with endometriosis?					
2. Have you been medically diagnosed with uterine fibroids?					
3. Have you been medically diagnosed with ovarian cysts?					
4. Have you been medically diagnosed with pelvic adhesions or masses?					
5. Have you been medically diagnosed with polycystic ovarian syndrome (PCOS)?					
SECTION 2: PREMENSTRUAL SYMPTOMS – the week/s before your period:					
6. Do you experience premenstrual mood swings e.g. frustration, anger, irritability?					
7. Do you feel flat, depressed and/or weepy before your periods?					
8. Do you feel cold, tired and/or become pale before your period?					
9. Do you experience food and/or drink cravings before your period?					
TOTALS FOR PAGE 1					

	A	B	C	D	N/A
SECTION 2: PREMENSTRUAL SYMPTOMS – continued					
10. Do you experience breast tenderness and/or swelling before your period?					
11. Do you experience fluid retention and/or abdominal bloating before your period?					
12. Do you experience dull, diffuse headaches?					
13. Are you prone to premenstrual migraines or tension headaches?					
14. Do you experience changes in your stool e.g. diarrhoea, constipation or other digestive changes?					
15. Are any/all of your premenstrual symptoms worse during times of increased stress?					
SECTION 3: MENSTRUAL CYCLE PATTERNS					
16. Is your menstrual cycle generally shorter than 26 days?					
17. Is your menstrual cycle generally longer than 31 days?					
18. Do you ever experience irregular bleeding during your cycle (i.e. mid-cycle spotting)?					
19. Do you ever miss periods or have long breaks between periods?					
20. Does stress make your menstrual cycle length more irregular?					
SECTION 4: MENSTRUATION					
21. Is your period initially brown in colour, turning to bright red after 1-2 days?					
22. Is your period dark in colour with a heavy flow and includes many small clots?					
23. Is your period a heavy flow with large clots over the size of 10 cent piece?					
24. Do your periods last more than 5 days?					
25. Do you experience heavy bleeding during times of stress?					
TOTALS FOR PAGE 2					

	A	B	C	D	N/A
SECTION 5: MENSTRUAL PAIN					
26. Do you experience a downward, dragging sensation in your abdominal region during your period?					
27. Do you experience strong pelvic cramping with sharp pains and/or nausea during your period?					
28. Do you experience period pain that is soothed by warmth and pressure, such as hugging a hot water bottle?					
29. Do you frequently experience sharp, stabbing period pain that feels worse when you apply pressure and/or warmth to it, but feels better if you lie or sit still?					
30. Do you frequently experience diarrhoea or loose stools at the onset of your period?					
31. Do you frequently faint or vomit at the onset of your period?					
32. Do all of your symptoms improve if you are relaxed and not under stress?					
SECTION 6: MID-CYCLE (OVULATION) SYMPTOMS					
33. Do you experience sharp, stabbing pain mid-cycle (i.e. at ovulation) which is worse when you apply pressure?					
34. Do you experience vaginal dryness?					
35. Are you trying to conceive or have experienced difficulty conceiving?					
36. Are you over 35 years of age and trying to conceive?					
37. Have you lost weight recently or are you underweight?					
SECTION 7: POST MENSTRUATION					
38. Do you feel exhausted, pale and fatigued after your period?					
39. Do you frequently experience lower back pain following your period?					
TOTALS FOR PAGE 3					
ADD: TOTALS FOR PAGE 1					
ADD: TOTALS FOR PAGE 2					
TOTALS FOR SECTIONS 1-7: MENSTRUATION					

SECTIONS 8 – 11: MENOPAUSE

	A	B	C	N/A
SECTION 8: MENOPAUSAL PATIENTS ONLY – HOT FLUSHES				
40. Do you have hot flushes and sweats during the night?				
41. Do you flush in the face?				
42. Do you have <i>mild</i> hot flushes during the day and night?				
43. Do you have <i>moderate to severe</i> hot flushes throughout the day?				
SECTION 9: MENOPAUSAL PATIENTS ONLY – MOOD & MIND SYMPTOMS				
44. Do you frequently feel depressed, teary and/or sad?				
45. Do you experience mood swings, with irritability and anger?				
46. Do you experience anxiety, excessive worry or feel panicky?				
47. Do you feel tired and burnt out with low reserves?				
48. Do you feel exhausted from chronic stress and overwork?				
49. Do you experience feeling “fuzzy in the head” at times?				
50. Do you, or have you, experienced extended periods of low mood?				
51. Do you want coffee, alcohol or cigarettes to get through the day?				
SECTION 10: MENOPAUSAL PATIENTS ONLY – SLEEP & INSOMNIA				
52. Do you have trouble falling asleep at night?				
53. Do you wake during the night with hot flushes and sweats?				
54. Do you frequently wake between 3-4am?				
55. Do you frequently wake too early in the mornings?				
TOTALS FOR PAGE 4				

	A	B	C	N/A
SECTION 11: MENOPAUSAL PATIENTS ONLY – OTHER BODY SYMPTOMS				
56. Do you suffer with vaginal dryness?				
57. Has your libido (sex drive) changed significantly over the recent months?				
58. Do you experience a weak, aching back and/or weak knees?				
59. Are you prone to constipation? OR				
60. Are you prone to alternating constipation & diarrhoea?				
61. Do you experience heat and/or dryness in your palms and soles?				
62. Did/do you suffer with an irritable premenstrual syndrome?				
63. Are all of your menopausal symptoms worse when you are under stress?				
TOTALS FOR PAGE 5				
ADD: TOTALS FOR PAGE 4				
TOTALS FOR SECTIONS 8-11: MENOPAUSE				

WOMEN'S HEALTH QUESTIONNAIRE SCORING SHEET

SECTIONS 1 – 7: MENSTRUATION

- Add up the scores for each section and transfer the totals into the 'Score' column on this sheet.
- Rank each section based on the score in descending order, ie. '1' is the top score, '2' is the second-highest score, etc.
- The highest score indicates the primary remedy. In some cases, more than one remedy may be appropriate.
- If the top scores are quite close together, have a look at the questions in those sections. The section which takes priority is that which addresses the most relevant clinical concerns for your patient.

COLUMN	A	B	C	D
REMEDY INDICATED	<i>Bupleurum Complex for Nervous Tension & Irritability*</i>	<i>Angelica and Vitex for Menstrual Relief**^</i>	<i>Cinnamon Complex for Pelvic Congestion**^</i>	<i>Shatavari Ovarian Support*</i>
SCORE				
RANK				

*These products are contraindicated during pregnancy and lactation.

^These products are contraindicated or cautioned during lactation.

SECTIONS 8 – 11: MENOPAUSE

- Follow the instructions above to complete the score sheet below.
- Any score of 5 or over indicates that remedy may be appropriate, with the highest score being the primary remedy.

COLUMN	A	B	C
REMEDY INDICATED	<i>Bupleurum Complex for Nervous Tension & Irritability#</i>	<i>Rehmannia Hot Flush#</i>	<i>Natural Menopausal Support#</i>
SCORE			
RANK			

#These formulas are contraindicated in oestrogen-dependant cancers.

ADDITIONAL CONSIDERATIONS

- **To improve 2:16 hydroxyoestrogen ratio:** *Healthy Hormone Balance* and/or *Indole-3-Carbinol: Oestrogen Detoxification*
- **Treatment Protocols:** For further information on treating hormonal conditions, also refer to treatment protocols for dysmenorrhoea, menorrhagia, endometriosis, polycystic ovarian syndrome, uterine fibroids, and menopause.