

# Iffley Acupuncture Clinic



## Womens Questionnaire

PLEASE READ BEFORE YOU BEGIN COMPLETING THE QUESTIONNAIRE

This questionnaire is provided to aid you during your initial consultation and is specific to women. It will also help you to begin to explore your body and menstrual health in ways that may not have previously been accessible. Its length should not in any way deter you before you seek or embark upon treatment. Please be sure that it is optional and need only be completed should you wish to do so. It will provide you with some insight into the sort of questions that you will be asked during your first visit and at the same time, help you think more carefully about your circumstances, general health and wellbeing. Although quite extensive, this does not mean that you need to provide extended answers, you need only do so where and when you think it appropriate. The questions that are raised in each section in italics serve only as prompts and whilst it is hoped that you will complete all sections, you need not attempt to answer each of these questions. Try to use them as prompts or a route for evaluating your own circumstances.

During your first consultation you may find that questioning may not necessarily be so detailed, with greater attention being focussed more on your specific circumstances; less time therefore being allocated to the least relevant.



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## Patient Gynaecological and Menstrual Questions

Name:

Date:

You can either record your history as a list here or use the charts below, or both if it helps.

### Gynaecological History:

*At what age did you start your periods (menarche)? Have there been any significant events in your gynaecological history such as:- using the contraceptive pill / pregnancies / childbirth / abortion/s / miscarriages / surgery / surgical or other investigations / STD's / other?*

### Menstruation:

#### Premenstrual Symptoms:

*Do you experience premenstrual tension or syndrome? Do you experience breast tenderness or distension? How severe is it? Do you experience mood changes? Do you encounter irritability, sadness, depression, anxiety, restlessness, crying, or insomnia? Do you experience any digestive changes like nausea, diarrhoea or constipation, bloating or abdominal distension? Do you encounter headaches before your period?*

#### Bleeding / menstruation:

*Do you begin your periods with relatively quick onset or do you experience a hesitant start? Do you tend to bleed heavily or lightly? How long do you bleed for? What colour is your menstrual blood? Is it consistent or does it change colour? What consistency is your menstrual blood? Is it thin or watery, or thick? If you have clots, are they big or small and what colour are they? Do you experience pain; before / at the beginning / throughout / at the end? How would you describe the pain? Is it dull / heavy / cramping / piercing or dragging? (see pain charts below).*

### Symptoms at the time of menstruation:

*Do you experience any other symptoms during menstruation? Do you experience headaches, insomnia, constipation or diarrhoea?*

### Vaginal Discharge or Leucorrhoea:

*Most women find that they experience fluctuations in vaginal secretions during their menstrual cycle. They may encounter a relative dryness soon after the period, an increase to a more sticky egg-white type secretion at ovulation, and a relative wetness thereafter. However you may have also encountered a seeming increase in vaginal secretions that may or may not be associated with your menstrual cycle. It may be thick or thin, innocuous or smelly, or be clear, white, yellow, red or otherwise. It may or may not be accompanied by soreness, redness and itching. Conversely you may also be encountering significant dryness that again may be associated with other symptoms. Please record any significant symptoms below.*

### Menopause:

*Time: At what age did you begin you begin to experience menopause? How long did menopause last? Are you still in the midst menopause? Do you experience any residual symptoms? What was your experience of menopause? Did you encounter, hot flushes / flashes/ spontaneous sweating / day-time, afternoon, evening or night time sweating. Did or do you encounter mood changes: anger, irritability, outbursts fear, anxiety, sadness, depression etc? Did or do you experience any other physical symptoms: headaches, backaches, tinnitus, tiredness, loss of libido, vaginal dryness etc.*



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## Patient Menstrual Questions

Name:

Date:

Please record your menstrual patterns with the help of the more general questions above if this helps.

Areas of enquiry	Considerations	Your answers
Premenstrual symptoms	<i>Beast soreness, lumps or distension, bloating, irritability, crying, constipation / diarrhoea/ headaches, insomnia etc</i>	
Onset of bleeding	<i>Slow hesitant start, stopping and starting, sudden gush of dark/bright red blood etc</i>	
Amount of bleeding	<i>Scanty / light/ normal / heavy / or a flooding flow etc</i>	
Colour of menstrual blood	<i>Red (normal). Bright, scarlet or dark red / pale/ dilute or watery / purple / brown / black etc</i>	
Consistency of menstrual blood	<i>Dilute / watery / thin or thick blood</i>	
Clotting	<i>If present are they tiny / small or large clots? Are they dark or fresh?</i>	
The experience of pain	<i>When: Before, during, after or more? Is the pain: severe / stabbing / cramping / mild / dull / dragging or heavy etc. Is there Ovulation pain</i>	
Length of whole cycle	<i>How long is the complete cycle? Is it consistent (e.g. always 28 days) or is it irregular (e.g. 27 – 32 days). Always early or always late? etc</i>	
Length of menstruation	<i>How long do you bleed for? Short / medium / or long menses etc. days weeks etc Mid-cycle bleeding?</i>	
Menarche	<i>When did you first begin to have periods? E.g. 10, 11, 12, 13, 14 or 15 years or earlier / later?</i>	
Menopause	<i>If applicable, at what age did you begin to experience your change? When did your periods stop? Did you or are experiencing menopausal symptoms? What are they? See questions on menopause</i>	
Other including vaginal discharge	<i>Other symptoms linked to the menstrual cycle: e.g. headache / constipation/ diarrhoea/ insomnia/ breast lumps or pain etc. Surgical procedures: sterilisation, hysterectomy/ mastectomy etc. Abnormal vaginal discharge: including colour, quantity, time and smell</i>	