

Period Report Card

FACTOR	QUESTION	YOUR RESPONSE
RECENT CHANGES	Are there any recent changes to your menstrual cycle?	
LAST MENSTRUAL PERIOD (LMP)	When was your last menstrual period? Where are you currently in your menstrual cycle?	
DURATION OF MENSES	How long do you bleed for?	<i>Bleeding for greater than 7 days per cycle warrants investigation. Bleeding shorter than 2 days may indicate anovulatory bleeding and warrants further investigation. Shorter cycles should beckon enquiry as to flow quantity to eliminate anovulatory cycles</i>
DURATION OF CYCLE	How many days in your entire cycle?	<i>Cycles shorter than 21 days or longer than 35 days warrant further investigation</i>
	Are you aware of the duration of your follicular and/or luteal phase?	<i>Follicular phase should be 10-16 days and luteal phases need to be 10-16 days but typically are 12-14 days in length. Day 1 = first day full bleed, not spotting</i>
COLOUR	What colour is your menstrual blood?	<i>A healthy menstruation is bright red in colour from start to finish. Darkened red/burgundy hues are typically associated with increased inflammation and stagnation of menstrual flow. NOTE: Tampon users will likely experience dark-brown bleeds at the start and end of the bleed Pale, thin blood can indicate perimenopausal transition or poorly regulated hormonal balance</i>
CONSISTENCY	Is the bleed watery, thin or thick?	<i>Watery bleeds are synonymous with perimenopausal transition as hormone insufficiencies are likely to have reduced endometrial lining build-up. Alternatively, they can occur postsurgical in procedures such as terminations or D and Cs for the same reason. Thicker bleeds are often associated with increased endometrial lining which can correlate with endometriosis or other similar conditions</i>

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CLOTTING	<p>Do you experience any clots in your menstrual blood?</p> <p>If so, what size are they?</p> <p>How frequently do you experience them?</p> <p>Do you experience any pain when you pass the clots?</p>	<p><i>Small clots are considered a normal component of menstrual bleeds. They generally indicate excessive blood flow and are formed when anticlotting factors normally present in the menstrual blood are unable to keep the blood in a fluid state because of the volume of blood lost.</i></p> <p><i>As the clot size increases a few considerations should be taken:</i></p> <p><i>Iron status — deficiency correlates with increased clot formation due to interrelationship with haemoglobin</i></p> <p><i>Presence of endometriosis — increased endometrial tissue presence increases coagulation of bleeds and increases consistency.</i></p> <p><i>Endometriosis patients will likely experience blood clotting and as the disease increases in severity, so too do the size and intensity of their blood clots. Most will complain of needing to 'pass' their blood clots with much pain and discomfort</i></p> <p><i>Coagulation disorders</i></p>
MENSTRUAL FLOW	<p>How heavy is your menstrual flow?</p> <p>How often do you need to change your pad/tampon/ other?</p> <p>What strength of sanitary item do you use (light, regular, heavy)?</p> <p>Do you ever experience flooding or need to use multiple sanitary items at the same time?</p>	<p><i>Menstrual flow is highly subjective and there are countless studies that suggest that women are unable to accurately assess their menstrual loss</i></p>
SANITARY USE	<p>Do you use pads, tampons or other?</p>	<p><i>Tampon users are likely to have increased pain and spasm due to muscular contraction to keep the tampon in place as well as theoretical concerns about chemicals included in tampon production.</i></p> <p><i>Tampon users are also likely to perpetuate retrograde blood flow or contain menstrual blood within the vaginal cavity. As such, oxidation will increase thus causing a brown discolouration of menstrual flow.</i></p> <p><i>Sanitary pad users are likely to be more attuned to subtle changes in menstrual flow, have reduced menstrual cramping and make more accurate assessments of blood loss volume.</i></p> <p><i>Other sanitary items such as menstrual cups should be asked about to assess impact on any menstrual irregularity</i></p>
SPOTTING	<p>Do you experience any spotting?</p> <p>If so, when does it occur?</p> <p>What colour is it?</p>	<p><i>Spotting around ovulation or post intercourse can be a sign of endometriosis or other pathology.</i></p> <p><i>Referral is warranted</i></p> <p><i>Spotting prior to full menstrual initiation (day 1) can indicate waning progesterone levels to sustain the luteal phase</i></p>

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PAIN	<p>Do you experience any pain with menses?</p> <p>If so, where is it located?</p> <p>When in your cycle do you experience it?</p> <p>On a scale of 1-10 how severe is the pain?</p> <p>Do you need to take any medication to relieve the pain?</p>	<p><i>Pain severity can indicate underlying pathologies that may warrant further investigation.</i></p>
DYSpareunia	<p>Do you experience pain during or after sexual intercourse?</p>	<p><i>Dyspareunia can indicate presence of endometriosis. It is important to ask for further information to assess if pain is associated with friction (dryness — menopause) or deep pain (endometriosis) or other</i></p>
DYSchezia	<p>Do you experience sharp pain when passing a bowel movement?</p>	<p><i>This may indicate endometriosis if other factors are present</i></p>
DIGESTIVE EFFECTS	<p>Do you experience any bowel changes prior to or during your menses?</p>	<p><i>Constipation prior to menses and diarrhoea during menses can indicate hormonal displacement</i></p>
PMS	<p>Do you experience any premenstrual symptoms?</p> <ul style="list-style-type: none"> • Mood changes • Cravings or appetite changes • Fluid retention or weight changes • Breast symptoms • Pain, cramping • Headaches or migraines • Hot flushes • Acne or skin changes • Libido changes 	<p><i>Classification and clarification of PMS symptoms will enable the practitioner to more accurately determine the cause of the presentation and direct treatment accordingly</i></p>

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HOT FLUSHES	Do you experience hot flushes? If so, when in your cycle?	<p><i>Oestrogen displacement experienced premenopausal can present with hot flushes prior to menses in the menopause period.</i></p> <p><i>Oestrogen displacement experienced in the endometriosis patient may present with hot flushes either at ovulation, implantation (if pregnant) or premenstrual due to fluctuations and variations in oestrogen usability</i></p>
OVULATION AWARENESS	Are you aware of your ovulation changes?	<p><i>Fertile quality cervical fluid can be typically detected 3–5 days prior to ovulation. Consistency changes progress the fluid to egg white consistency typically 24 h prior to ovulation</i></p>
PARITY OR GRAVIDA	Have you been pregnant previously?	<p><i>Parity refers to how many pregnancies a patient has had and how many liveborn children she has</i></p> <p><i>Gravida refers to how many pregnancies she has had regardless of whether she has delivered the child or not</i></p>
CONTRACEPTION HISTORY	What form of contraceptives have you used?	<p><i>It is important to pay attention to any contraceptives with hormonal involvement such as contraceptive pill, implants, or others due to their subsequent effects on the menstrual cycle</i></p> <p><i>Diaphragm use could correlate with menstrual changes, especially if the patient previously used their diaphragm during menses or developed infections</i></p>
CURRENT METHOD OF CONTRACEPTION	What form of contraceptive do you use? If condoms, do you use lubricants?	<p><i>Contraceptive choices can influence menstruation. Hormonal modulators such as the contraceptive pill significantly change the quality of menstrual flow. Condoms, spermicide, and lubricants can cause allergic reactions, affect fertility, and contribute to confusion when assessing menstrual flow</i></p>

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DISCHARGE	Are you aware of any discharge changes? Odour? Redness? Itch?	<p><i>Enquiry can provide useful information to assess for thrush or STIs</i></p>
THRUSH	Do you experience thrush? If so, is it cyclical?	<p><i>Cyclical thrush is diagnostic of oestrogen displacement commonly occurring in endometriosis — especially when occurring premenstrual. Alternatively, it can indicate allergy to contraceptive or cross-contamination between sexual partners</i></p>
URINARY TRACT INFECTION (UTI)	Do you experience UTIs? If so, are they cyclical? Do you experience pain on urination?	<p><i>Cyclical UTIs are diagnostic of oestrogen displacement commonly occurring in endometriosis — especially when occurring premenstrual.</i></p>
LIBIDO	How would you rate your libido? Has this changed recently?	<p><i>Loss of hormones at any stage but especially prior to menopause can reduce libido and may be a warning sign</i></p>
BREAST CHANGES	Do you notice any breast changes throughout the cycle? Discharge?	<p><i>Breast changes can indicate hormonal fluctuations or may indicate underlying pathologies that warrant further investigation. It is imperative that patients conduct breast self-examination on the same day of their menstrual cycle (monthly). The best time has been reported to be on day 7 of the cycle due to reduced hormonal stimulation and gives most accurate findings</i></p>