

**Do any of the following statements apply to you?**

- My period affects my quality of life.
- I am bothered by the amount of bleeding or level of pain I have during my periods.
- My period makes me feel depressed, tired or moody.
- I am afraid of having an embarrassing accident.
- I have PMS symptoms, such as headaches, during my period.
- I bleed more than once a month.
- My period lasts too long.
- My period affects my social, athletic or sexual activities or causes me to miss work.
- My life would improve if I could decrease or completely eliminate my period.
- I would like to learn about a simple procedure that can help me get back to living.

**Use the space below to write down any additional questions or concerns:**

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Bring this checklist with you to your next doctor's appointment