

## FEMALES ONLY: MENSTRUAL PERIOD CHECKLIST

This checklist helps prepare you for your annual physical or gynecologist appointment.

- 1) **Have you had a menstrual period during the past year?** Yes \_\_\_ No \_\_\_

If yes, what was the date of your last menstrual period? \_\_\_\_\_

How often are your periods? Every \_\_\_\_\_ days

How long do your periods last? \_\_\_\_\_ days

Is your cycle: Regular \_\_\_ Irregular \_\_\_

Is your menstrual flow: Light \_\_\_ Moderate \_\_\_ Heavy \_\_\_

Are you menstruating today? Yes \_\_\_ No \_\_\_

Today's date: \_\_\_\_\_

- 2) **Have you had a pelvic exam, Pap smear, or breast exam in the past year?** Yes \_\_\_ No \_\_\_

If yes, please list date and doctor: \_\_\_\_\_

- 3) **Do you take birth control pills or other hormones?** Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

- 4) **Do you perform breast self-examination?**

No \_\_\_ Yes, occasionally \_\_\_ Yes, once a month \_\_\_