Impacts of pain checklist:

This is a simple checklist for you to print out and complete to help you communicate what is going on for you. This isn't a complete list of symptoms or concerns so please add notes, if needed.

Please review the impact that my period is having on my day-to-day activities.

I am concerned or worried about:

- ❑ pain
- ❑ bleeding
- ❑ other: _____

I experience: (tick all that apply)

- ❑ pain and cramps in my stomach
- ❑ back pain
- ❑ muscle aches/pain/cramps in other parts of my body
- ❑ headaches, migraines or dizziness
- ❑ change in appetite (not wanting to eat or feeling very hungry)
- ❑ diarrhoea or constipation
- ❑ changes in my mood

I experience these symptoms: (tick all that apply)

- ❑ a few days before my period
- ❑ day one to three of my period days
- ❑ three to ten of my period
- ❑ all the time

These symptoms started:

- ❑ started less than three months ago
- ❑ started six months ago
- ❑ between six to twelve months ago
- ❑ more than twelve months ago

Bleeding

- ❑ I bleed for up to six or seven days
- ❑ I bleed for more than eight days

Impacts (tick all that apply)

- ❑ missing school
- ❑ missing sport
- ❑ missing work
- ❑ missing out on social events
- ❑ I plan activities around my periods

Sleep (tick all that apply)

- ❑ I can't get to sleep
- ❑ my symptoms wake me during the night
- ❑ I wake up tired

Mood (tick all that apply)

- ❑ I am worried there is something seriously wrong
- ❑ I worry about long term issues
- ❑ I feel hopeless and that nothing will make it better

Support I already have (tick all that apply)

- ❑ pelvic physiotherapist
- ❑ dietitian
- ❑ occupational therapist
- ❑ psychologist
- ❑ other: _____

Notes/questions:

_____

_____

_____

_____

Kids and Teens Pelvic Pain Clinical Network

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