



HEALTH APPRAISAL QUESTIONNAIRE -COMPREHENSIVE PATIENT FORM

Studio You Questionnaire

Name: _____

Date: _____

Your answers to this questionnaire will assist your practitioner in gaining information about your current symptoms and health concerns. Please answer all questions, in each section.

Circle the number which best describes the frequency or severity of your symptoms over the previous month, or answer the yes or no questions by circling the appropriate letter.

	Never	Occasionally	Moderately / Often	Frequently / Daily
SECTION 6: REPRODUCTIVE HEALTH				
Section 6.1 Kidney/Bladder				
1. Fluid retention throughout body				
2. Lower back pain				
3. Excessive urination				
4. Excessive urination during night				
5. Burning with urination				
6. Frequent urination				
7. Urgency of urination				
8. Bloody, cloudy or darkened urine, or strong-smelling urine				
9. Incontinence				
10. Infrequent urination				
11. Grey cast to skin				

SECTION 6: REPRODUCTIVE HEALTH (continued)

Section 6.1 Kidney/Bladder

- | | Never | Occasionally | Moderately / Often | Frequently / Daily |
|--|-------|--------------|--------------------|--------------------|
| 12. Severe one-sided lower back or groin pain associated with restlessness | | | | |
| 13. History of kidney stones | | | | |

TOTAL: _____

Section 6.3 Symptoms of PMS

- | | Never | Occasionally | Moderately / Often | Frequently / Daily |
|--|-------|--------------|--------------------|--------------------|
| Symptoms experienced in the 3 to 14 days prior to menstruation, in the last 3 months | | | | |
| 1. Insomnia | | | | |
| 2. Abdominal bloating | | | | |
| 3. Breast tenderness, swelling or lumps | | | | |
| 4. Feeling depressed, teary, or sensitive | | | | |
| 5. Feeling anxious, irritable, or easily angered | | | | |
| 6. Diarrhoea or constipation | | | | |
| 7. Headaches or migraines | | | | |
| 8. Food cravings or binge eating | | | | |
| 9. Back pain | | | | |
| 10. Fluid retention or weight gain | | | | |
| 11. Clumsiness | | | | |
| 12. Feeling aggressive, or feeling suicidal | | | | |

TOTAL: _____

Section 6.4 Menstrual irregularities
Symptoms experienced in the past 3 months

1. Irregular intervals between periods
2. Long period cycles, greater than 32 days
3. Short period cycles, less than 24 days
4. Vaginal bleeding between periods
5. Painful periods – lower abdomen or back
6. Pain with periods is worsening
7. Painful intercourse during menstruation
8. Pelvic and/or rectal pressure around menstruation
9. Constipation or diarrhoea with menstruation
10. Nausea and/or vomiting with menstruation
11. Light blood flow
12. Heavy blood flow, or flooding
13. Passage of large or profuse blood clots
14. Prolonged duration of bleeding
15. Number of days _____
16. Absence of menstrual flow for more than 5 months

Never

Occasionally

Moderately / Often

Frequently / Daily

TOTAL: _____

Section 6.5 Symptoms of menopause

1. Irregular menstrual cycle and/or changes in menstrual flow (heavier or lighter)
2. Dry skin, hair or vagina
3. Low libido
4. Mood swings, irritability, depression, nervousness, anxiety
5. Hot flushes
6. Night sweats
7. Headaches or dizziness
8. Painful intercourse
9. Insomnia
10. Difficulty concentrating, poor memory, or confusion
11. Thinning of armpit and pubic hair, or increased hair growth on upper lip
12. Breasts reducing in size and starting to sag

TOTAL: _____

Section 6.6 Other female sexual and hormonal problems

1. Vaginal dryness or pain
2. Painful intercourse
3. Milk production (not nursing),
or engorged breasts
4. Low libido
5. Excessive libido
6. Acne and/or oily skin
7. Excess facial hair
8. Breasts shrinking
9. Thinning body hair
10. Infertility
11. Miscarriage
12. Vaginal discharge: excessive,
smelly, or coloured
13. Burning or itching of external genitalia
14. Vaginal bleeding after intercourse,
or between periods
15. Lower abdominal or back pain
16. Breast lumps, or a change in
breast size or shape
17. Nipple discharge, or change in
appearance of nipple
18. Swelling under armpit

Never

Occasionally

Moderately / Often

Frequently / Daily

TOTAL: _____