

Taking a list of your symptoms with you to your appointment might be a good idea. It makes it easy to remember important details, and tracking your symptoms over time can help your doctor to see how your symptoms are really affecting you!

Answer the questions below and fill out the symptom tracker to see if there are any changes over time. Try to be as honest and as detailed as you can!

**Your Period**

<p><b>How old were you when you had your first period?</b></p>	
<p><b>What was the date of your last period?</b></p>	
<p><b>How long do your typical periods last?</b></p>	
<p><b>How heavy are your periods? How many pads/tampons do you use per period?</b></p>	
<p><b>Do you have any spotting/bleeding between periods?</b></p>	
<p><b>Do your periods occur regularly or irregularly?</b></p>	
<p><b>Do you have pain with your periods? If so, how painful?</b></p>	
<p><b>Where is your period pain located?</b></p>	

## Pain and Symptoms

<p><b>Do you have any other symptoms during your period?</b> (Nausea, vomiting, constipation/diarrhoea, fatigue etc.)</p>	
<p><b>Is your period pain getting worse?</b></p>	
<p><b>What effect does your period pain have on your life?</b> (keeping you from school/work, missing social events, keeps you in bed, keeps you awake at night etc.)</p>	
<p><b>Do you have any pain during or after sex? Is it worse at any particular time?</b></p>	
<p><b>Do you get any bowel or urinary symptoms?</b> (painful bowel movements, painful urination, constipation/diarrhoea, rectal pain, bladder pain etc.)</p>	
<p><b>Do you have pelvic or abdominal pain outside of your period?</b></p>	
<p><b>Do you have pelvic pain during or after exercise?</b></p>	
<p><b>How many days each month do you have pain?</b></p>	
<p><b>Is pain outside of your period getting worse over time?</b></p>	

<p><b>What effect does pain outside of your period have on your life?</b> (keeping you from school/work, missing social events, keeps you in bed, keeps you awake at night etc.)</p>	
<p><b>Do you experience any other symptoms?</b></p>	
<p><b>Do you experience bloating during our outside of your period?</b></p>	
<p><b>Do you experience fatigue?</b></p>	

### **Medications**

<p><b>What medications have you tried to help manage the pain? Did they help?</b></p>	
<p><b>Do you take any medications, hormones/birth control or supplements?</b></p>	

### **Family History**

<p><b>Do any of your relatives have endometriosis?</b></p>	
<p><b>Are there any major illnesses/conditions in your immediate family?</b></p>	

Fill out the table below in as much detail as possible for the next week to track your symptoms.

Date:	Day in cycle:	Exercise & Activities:	Pain Level (0-10):	Symptoms:	Medication Taken & Effectiveness: