



Pain & symptom diary

Keeping a record of your pain and symptoms can help you and your doctor to manage your symptoms, could help with a diagnosis and also could be used when submitting information for evidence e.g. when claiming for benefits, for work or for school/university.

This first part of this form is a list of questions. Over the page is a diary for one week. Please copy this diary if you need to record your symptoms for more than one week. Please answer as honestly as you can – your answers will be invaluable for your doctor. Don't just answer 'yes' or 'no' but try to provide as much information as you can. You may not think that it is relevant – but it could be.

General questions

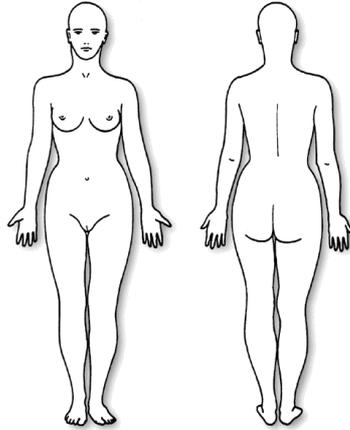
Date of last period:	
1.	What age were you when you started your periods?
2.	Are your periods regular e.g. every month? Y/N If not, how regular are they?
3.	How long does your typical period last?
4.	Would you describe it as light, medium, heavy or very heavy?
5.	Do you bleed between periods?

Pain

1.	Do you get pain during your period?
2.	Do you get pain at other times of the month? Y/N If so, when?
3.	Where do you get this pain? Can you mark on the diagram overleaf exactly where you experience pain? Please do include back, leg and chest pain if applicable

providing support increasing understanding

3.



4.	Do you get pain during or after intercourse?					
5.	Does anything (walking, exercise, stress etc) make this pain worse?					
6.	How would you describe the pain? (<i>Please circle all that apply</i>)					
	Stabbing	Spasm	Burning	Dull	Aching	Sharp
	Constant	Throbbing	Random	Agonising	Shooting	Cramping

Symptoms

1.	Do you have pain or bleed when you have a bowel movement? Y/N If so, is this worse during your period?
2.	Do you have pain or bleed when you urinate? Y/N If so, is this worse during your period?
3.	Do you feel bloated? Y/N If so, is this worse during your period?
4.	Are you physically tired? Y/N If so, do you get more tired during your period?
5.	Do you feel sick, vomit or faint during your period?



Week beginning DD / MM / YY	Are you on your period?	Describe your pain* and where it is	How does it feel** and how long does it last? e.g. 3 hours	Do you have any other symptoms? e.g. bloating, bleeding, bowel or urinary problems	Did you take or do anything to help with the pain or symptoms? If so, what did it help?	What affect did it have on you?***
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						

* Please rate your pain on a scale of 1-10. Where 1 = tolerable and 10 = the worst pain imaginable

** Please use the words listed on question 6 under "pain", or add your own

*** Please state whether these symptoms affected your work, education, relationships, social activities, sleep, exercise, food intake, sex life, stress levels, quality of life that day

providing support increasing understanding