

SURGICAL CONSULTANT QUESTIONNAIRE

Please complete all forms in blue or black ink

I am here to discuss:

- Heavy Vaginal Bleeding with Periods
 Pelvic Pain
 Treatment for uterine fibroids
 Other _____

I am here to discuss:

- Hysterectomy
 Uterine Ablation
 Surgery Options
 Non-Surgical Options

Heavy Vaginal Bleeding/Periods

1. How many months or years have you been having heavy vaginal bleeding/heavy periods? _____

2. I have vaginal bleeding:

- Every 14 Days
 Every 21-28 Days
 Every 60 Days or More
 More Bleed Day's per Month than Non-Bleeding Days

3. My periods/vaginal bleeding ;lasts for a total of _____ days each time I have a bleeding.

On heavy days of bleeding I change (choose one): Pads Tampons Pads and Tampons

- Every 1/2 to Hour
 Every 2-3 Hours
 Every 3-4 Hours

4. I can have blood clots appear with my vaginal bleeding that are:

- Dime Size
 Nickel to Quarter
 50 Cent Piece to Golf Ball
 Larger than a Golf Ball

5. Do you have increased fatigue, dizziness or lightheadedness with periods/vaginal bleeding? _____

6. Have you had any surgeries in the past to treat heavy periods/vaginal bleeding? _____

What year? _____ What procedure? _____

7. Have you used anything listed bellow, in the past to manage periods/vaginal bleeding?

	What Year used?	For how long?	Why was it discontinued?
Birth Control			
Mirena IUD or Nexplanon			
Hormonal Therapy			

8. Have you been diagnosed with anemia due to periods/vaginal bleeding? _____

What was the treatment? _____

9. Are you missing work or activities to stay home to manage periods/vaginal bleeding? _____

How many days are you missing? _____

10. Are you done having children? _____

Painful Periods/Pelvic Pain

1. How many months or years have you been having painful periods or pelvic pain? _____

2. Does your pelvic pain occur:

- With periods only With periods and through the month Off and on during the month, not with periods

3. When my pelvic pain is at its worst, I rate my pain on the 0-10 pain scale at:

0 1 2 3 4 5 6 7 8 9 10

4. Do you have pelvic pain with intercourse? Yes No

Is it in every position? Yes No

Is it every time you have sex? Yes No

5. Do you have pelvic pain with:

- Bowel Movement Urinating Both

6. Have you had any surgeries in the past to treat pelvic pain? _____

What year? _____ What procedure? _____

7. The pain medications I use/have used to treat pelvic pain are:

Name	How many pills each time?	How often per day?	How many days in a row?	How many months in a row?	Is this helpful for pain relief?	Rate pain on 0-10 scale after taking:
Ibuprofen						
Tylenol						
Aleve						
Narcotics or other						