

Menstrual Report Card

Take the quiz below and total up your “yeses” below to get your score.

1. My period is completely absent - at least three months in a row (amenorrhea).
2. I experience PMS every time I get my period, i.e. mood changes, pain, fatigue, irritability, acne, tender breasts, bloating.
3. My period is prolonged - I bleed more than seven days - every month (menorrhagia).
4. My period is considered heavy (I need to change my tampon every hour).
5. I have a period frequently - sometimes two in one month.
6. My periods are very light.
7. I experience menstrual clots.
8. I drink one or more cups of coffee daily.
9. I struggle with one or more relationships with friends, my partner or family.
10. Work is stressful.
11. I suffer from carb/sugar cravings and/or food binges.
12. I am tired a lot of the time.
13. I eat dairy like cheese, cottage cheese and ice cream.
14. I have difficulty with sleep: I can't easily fall asleep, stay asleep or get 7-9 hours per night.
15. I suffer from anxiety or depression.
16. I have digestive issues like acid reflux, constipation or diarrhea.
17. I have skin issues like acne, psoriasis, eczema, or Acanthosis nigricans
18. I drink more than 3 glasses of wine or alcohol per week.
19. I feel tired when I wake up in the morning.
20. I feel lonely.
21. I am concerned about my weight.

Total number of “yeses”: _____ (we'll go over your score during the training)