



Uterine Fibroid Symptoms – Patient Survey

Please answer the questions below about how uterine fibroid symptoms have affected your life.

In the past 3 months, how much did the following bother you?	None	A little	Some	Much	Very much
Heavy bleeding during your period					
Passing blood clots during your period					
Changing of how long your period lasts					
Changing of how long your monthly cycle is					
Feeling tightness or pressure in your pelvic area					
Needing to urinate often during the day					
Needing to urinate often at night					
Feeling tired or worn out					
In the past 3 months, how often did your symptoms ...?	None	A little	Some	Much	Very much
Make you feeling anxious because you don't know when your periods will start or how long they last					
Make you feel anxious about traveling					
Interfere with your physical activities					
Cause you to feel tired or worn out					
Make you reduce the amount of time you exercise or do physical activity					
Make you feel like you are not in control of your life					
Make you worry that you would stain your underwear					
Make you feel less productive					
Cause you to feel sleepy during the day					
Make you feel self-conscious of weight gain					
Make you feel like it is hard to do your usual activities					
Interfere with your social life					
Make you feel self-conscious about the size of your stomach					
Make you worried about staining your bed sheets					

In the past 3 months, how often did your symptoms ...?	None	A little	Some	Much	Very much
Make you feel sad or hopeless					
Make you feel down or blue					
Make you feel wiped out					
Cause you to be worried about your health					
Cause you to plan activities more carefully					
Make you feel annoyed that you have to always carry extra pads, tampons and clothes for accidents					
Make you feel embarrassed					
Make you feel uncertain about your future					
Make you feel irritable					
Make you worried about staining your outer clothes					
Make you change the size of the clothes you wear during your periods					
Make you feel like you are not in control of your health					
Make you feel weak, like your body has no energy body					
Lower your sex drive					
Cause you to avoid sex					

Patient Signature: _____

Date: _____

Patient Name: _____