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*...dedicated to safe, state-of-the-art surgery and health life-styles for women of all ages
...because quality is an experience!*

This is a pictorial of the saturation amounts that may occur during a period when using a pad and or tampon.

1) On each day of your period mark the number of the type of Saturated pad and/or tampon that you use.

Name: _____
Date period started: _____

Pad	1	2	3	4	5	6	7	8
Clots/ Flooding								

Tampon	1	2	3	4	5	6	7	8
Clots/ Flooding								

- 2) Do you have clots during your period? Yes No
 Circle the Size: dime nickel quarter 50 cents Dollar
- 3) Do you double your protection on your heaviest days? Yes No
- 4) Do you put a towel on the bed at night? Yes No
- 5) Rate your cramps on a scale of 1-10.
- 6) Do you stain your clothing? Yes No
- 7) Do you miss work because of your period? Yes No
- 8) Are you a prisoner to your period? Yes No
- 9) Have you ever taken medicine to try to regulate your period? Yes No

If you have answered yes to any of the above questions then you may be having an abnormal period. Please schedule an appointment to find out if you are having problem.