PCOS QUESTIONARRE
HomeopathicVibes

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First Name_____Last Name_____ D.O.B_____

Email_____Phone_____

PERSONAL HISTORY

Are you single, Married , Divorced?
Are you going through stress phase?
Have you ever been sick since puberty?

ACNE & HAIR LOSS

Do you have acne of face? Yes or no
Do have acne of chest or back? Yes or no
Do you have excessive hair loss? Yes or no

WEIGHT & APPEARANCE

Have problem staying at your ideal weight? Yes /No
Concerned about being over-weight? Yes/No
Are you frustrated in trying to lose weight? Yes/ to some extent/Never
Where do think you need to lose weight? Mid-section/ Upper body/ Thighs or rear end/ all of the above.

MENSTRUAL HISTORY

How old were you when you first started menstruation? _____
Your menstruation is heavy? Yes/No
Do you irregular Menstruation? Yes / No

Do you get cramps during menstruation? Yes /no / always
Do you have abdominal bloating during menstruation? Yes/sometimes/always/never
Do you get any Headaches or nausea during menstruation? Yes/No/Never/Sometines/Always

BODY HAIR GROWTH

My hair in general are ? Normal/Thick/Fine
Growth of visible hair on the face? Yes/No
Growth of visible hair on the Upper lip? Yes/No
Growth of visible hair on the chin? Yes/No

EMOTIONAL SYMPTOMS

I am self-conscious as a result of PCOS? Yes/ no
I have low self esteem as result of PCOS? Yes/ No/never/Always
I feel depressed as result of PCOS? Sometime/ always/Never
My mood fluctuations are result of my PCOS? Significantly / Rarely/Always/Never
Do you have any of the following? Low energy/Fears/Phobia or fears/Anxiety/Panic attacks/ all of the above. Give yes or no next to tab.

FERTILITY ISSUES

Did your OB/GYN told about any fertility problem? yes/ no
Are you worried about your fertility problem? Yes always/ not at all/ yes to some extent
Do you feel sad because of the fertility issues? Yes /No/ always
Are you trying to get pregnant? Yes/ No

PAST TREATMENT HISTORY

What kind of treatment you have taken in past? No treatment /Homeopathic/Ayurvedic/ Conventional treatment
If one of the above? How long? 1-2 months, 2-6 months, 6months – year or longer.
Have you ever been on Birth Control Pills as a part of treatment? Yes/No
What kind treatment were you on? Please explain
_____How long_____

_____How long_____

_____How long_____