

*The Women's Health Coalition of Canada is committed to empowering women to take more authority of their health experience. The Women's Health Checklist is intended for self-assessment and to enable bolder conversations with your healthcare provider about conditions that are sometimes difficult to talk about.*

**DO YOU, OR HAVE YOU, EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS?  
THESE SHOULD BE DISCUSSED WITH YOUR HEALTHCARE PROVIDER.**

1. Do you ever experience any leakage of:

- urine
- gas
- stool

2. Do you ever have a sudden urge to run to the bathroom quickly to empty your

- bladder
- bowels

3. Do you ever experience pain or difficulty with emptying your

- bladder
- bowels

4. Do you ever have pain with

- using a tampon or menstrual cup
- a pelvic exam
- sex

5. Do you ever have any pain or pressure in your

- abdomen
- low back
- pelvis
- tailbone

6. Do you ever experience a feeling of pressure or heaviness in your

- vagina
- anus

7. Do you ever notice a bulging of tissue at your

- vagina
- anus

8. Are you experiencing any abnormal vaginal discharge? (ex. grey or yellow in colour, clumpy/curd like texture, or a fishy smell) Have you noticed a change in your

- discharge
- volume
- colour
- odor

9. Do you ever experience vaginal or vulvar

- dryness
- burning
- itching

10. **Have you experienced changes in**
- clitoral, vulvar, or vaginal sensation
  - sexual arousal
  - orgasm
  - sex drive

11. **Are you struggling with conception?**
- Yes

12. **Are your periods**
- absent (no bleeding in a 90-day period)
  - less than 21 days or more than 35 days apart
  - more than 7 days
  - unpredictable (do not seem to follow a consistent cycle of days apart)
  - painful

13. **Do you experience heavy bleeding with your periods that**
- soaks through one or more tampons or pads every hour for several hours and/or days in a row
  - requires you to change tampons or pads during the night
  - requires you to wear more than one pad at a time
  - interferes with your quality of life

14. **If you are in menopause (12 months of no periods, after your last menstrual period), have you experienced any new vaginal bleeding?**
- Yes

15. **Do you experience hot flashes?**
- Yes

16. **Do you experience sleep difficulties?**
- Yes

17. **Do you experience headaches and/or migraines?**
- Yes

18. **Have you experienced any sudden or unexpected mood changes?**
- Yes

19. **Have you noticed any new tenderness, swelling, lumps or bumps in your breasts?**
- Yes

This checklist is intended to help with conversations between patients and health professionals and is not to be construed as medical advice or preference to any treatment. Note any additional experiences that you would like to talk about.

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