

BODY WISDOM BOOT-CAMP

Womb Health Assessment

This is a wellness profile to help you keep track of your health, with specific attention to your womb health over time. It is suggested that you record your current baseline, and then continue to monitor your womb wellness for a minimum of six cycle. To get a clear picture of the state of your current menstrual health, you need to consider the intensity of the flow: light to heavy, clot-free, or clotting, odor-free or menstrual odor, and the number of days your menses lasts (optimal is 1-3 days, average is 4-5 days, chronic and beyond is 6-10 days). Please be sure to list other symptoms you may be experiencing even if they don't seem related to womb health. Remember, SHE is the SOURCE of everything. You may be surprised at how your body will try to communicate with you!

BASELINE INFORMATION

Date of most recent menstrual cycle: _____

Number of days in cycle: _____

Length of Menstrual flow (number of days) _____

Where was it in conjunction with the Moon cycle (New, Waxing, Full, or Waning): _____

Directions for Rating Womb Health

0-The condition never existed or no longer exists

1-The condition occurs infrequently

2-The condition occurs frequently

3-The condition is a serious health challenge (endometriosis, cervical cancer, etc.) or you have experienced a traumatic womb event (rape, childhood molestation, abortion, hysterectomy)

| Menstrual Health | Cycle 1 | Cycle 2 | Cycle 3 | Cycle 4 |
|--|----------------|----------------|----------------|----------------|
| Menses Flow 0-1 day | _____ | _____ | _____ | _____ |
| Menses Flow 1-2 days | _____ | _____ | _____ | _____ |
| Menses Flow 2-3 days | _____ | _____ | _____ | _____ |
| Menses Flow 3-5 days | _____ | _____ | _____ | _____ |
| Menses Flow 6 days or more | _____ | _____ | _____ | _____ |
| P-Postmenopausal List Date of last cycle | _____ | _____ | _____ | _____ |
| Menstrual aches: head, legs, back | _____ | _____ | _____ | _____ |
| Menstrual cramps | _____ | _____ | _____ | _____ |
| Heavy menses bleeding and/or clotting | _____ | _____ | _____ | _____ |
| PMS/mood swings; depression, anger | _____ | _____ | _____ | _____ |
| Vaginal Health | | | | |
| Chronic vaginal itching or burning | _____ | _____ | _____ | _____ |
| Chronic vaginal odor | _____ | _____ | _____ | _____ |
| Chronic vagina discharge or vaginitis | _____ | _____ | _____ | _____ |
| Vaginal sores | _____ | _____ | _____ | _____ |
| Medically diagnosed vaginal cysts | _____ | _____ | _____ | _____ |
| Candida (chronic vaginitis) | _____ | _____ | _____ | _____ |
| Sexual Health | Cycle 1 | Cycle 2 | Cycle 3 | Cycle 4 |
| Painful intercourse | _____ | _____ | _____ | _____ |

| | | | | |
|--|-------|-------|-------|-------|
| Inability to experience orgasm | _____ | _____ | _____ | _____ |
| Frigidity (adverse to sexual activity) | _____ | _____ | _____ | _____ |

(Record a score of 3 in each cycle if you have ever experienced any of the following Sexual Health or Pregnancy Health challenges, even if you are not experiencing them in your current cycle. When you have achieved body-mind-spirit healing, you may reduce your score accordingly.)

| | | | | |
|----------------------------------|-------|-------|-------|-------|
| Sexually transmitted diseases | _____ | _____ | _____ | _____ |
| Sexual abuse (rape, molestation) | _____ | _____ | _____ | _____ |
| Toxic Partners | _____ | _____ | _____ | _____ |

Pregnancy Health

| | | | | |
|--------------------------|-------|-------|-------|-------|
| Infertility | _____ | _____ | _____ | _____ |
| Toxemia during pregnancy | _____ | _____ | _____ | _____ |
| Difficult childbirths | _____ | _____ | _____ | _____ |
| Miscarriage(s) | _____ | _____ | _____ | _____ |
| Abortions(s) | _____ | _____ | _____ | _____ |

Menopause

| | | | | |
|--|-------|-------|-------|-------|
| Hot flashes | _____ | _____ | _____ | _____ |
| Vaginal dryness | _____ | _____ | _____ | _____ |
| Medically diagnosed hormonal imbalance | _____ | _____ | _____ | _____ |
| Irritability and mood swings | _____ | _____ | _____ | _____ |
| Night sweats | _____ | _____ | _____ | _____ |
| Headaches, backaches | _____ | _____ | _____ | _____ |

Other womb illnesses

| | | | | |
|--|-------|-------|-------|-------|
| Pelvic inflammatory disease | _____ | _____ | _____ | _____ |
| Blocked fallopian tubes | _____ | _____ | _____ | _____ |
| Medically diagnosed fibroids/tumors/cysts (indicate size: 3-grapefruit, 2-lemon, 1-pin) | _____ | _____ | _____ | _____ |
| Endometriosis | _____ | _____ | _____ | _____ |
| Hysterectomy | _____ | _____ | _____ | _____ |
| Genital Prolapse (prolapsed womb) | _____ | _____ | _____ | _____ |
| Uterine cancer | _____ | _____ | _____ | _____ |

Other health issues

| | | | | |
|--|-------|-------|-------|-------|
| IBS-Irritable Bowel Syndrome | _____ | _____ | _____ | _____ |
| Digestive issues | _____ | _____ | _____ | _____ |
| Skin outbreaks-itching, acne, or other | _____ | _____ | _____ | _____ |
| Blood sugar fluctuations | _____ | _____ | _____ | _____ |
| Weight (over or under) | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ |

| | | | | |
|---------------|-------|-------|-------|-------|
| Total: | _____ | _____ | _____ | _____ |
|---------------|-------|-------|-------|-------|