

How to use this tool

For every day you use the tool, mark the date and then for each of the symptoms, record the intensity of the pain and its impact on your daily life **over the past 24 hours**.

What was the date your last period started?

Circle the dates your next period starts.

It's okay to miss days, but you should try to record your symptoms every 2-3 days.

Rating scales

Intensity means how strongly you felt pain caused by that symptom.

0 means you experienced no pain at all and 10 is the worst pain imaginable.

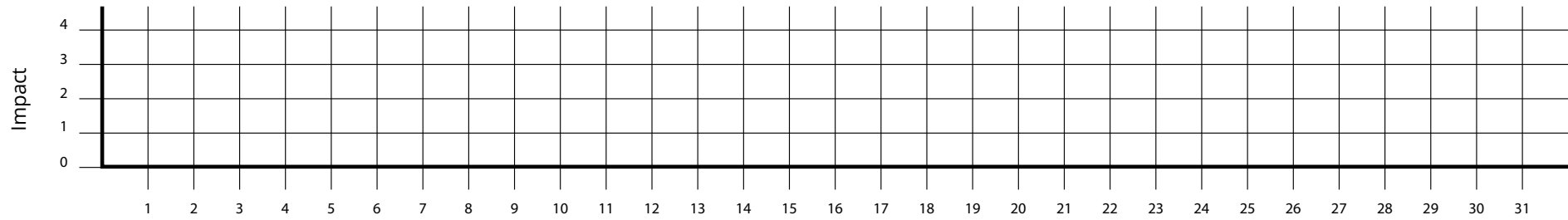
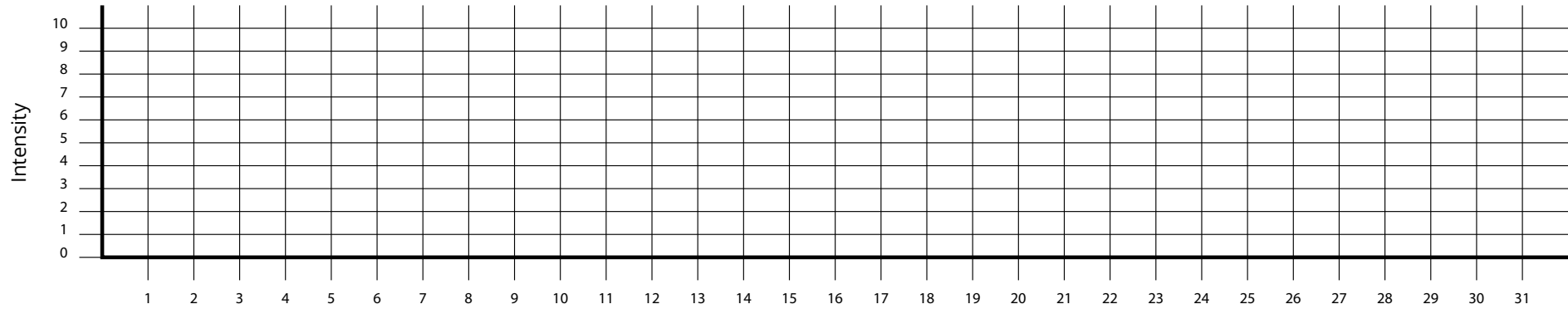
Impact means how much each of these symptom prevented you from doing the things you would normally do.

0. You did not experience this symptom
1. Experienced the symptom but it didn't affect your daily activities.
2. The symptom interfered with your daily activities.
3. It had a definite negative effect on your daily activities.
4. The symptom made it impossible to perform your daily activities.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
DD-MM-YY																																
Pelvic pain ① any pain felt below your bellybutton																																
Intensity																																
Impact																																

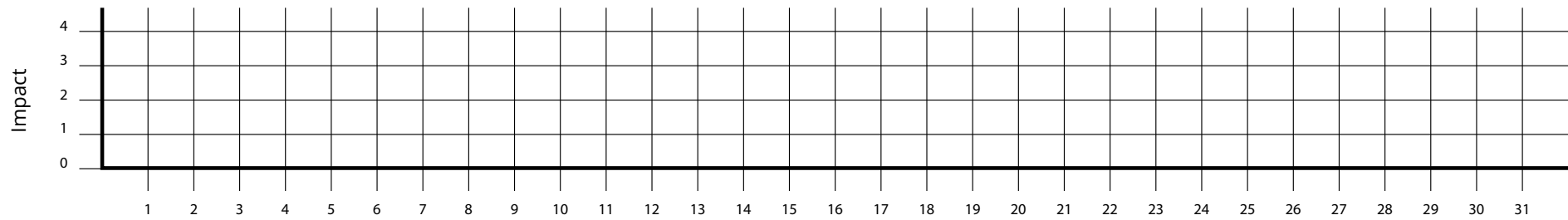
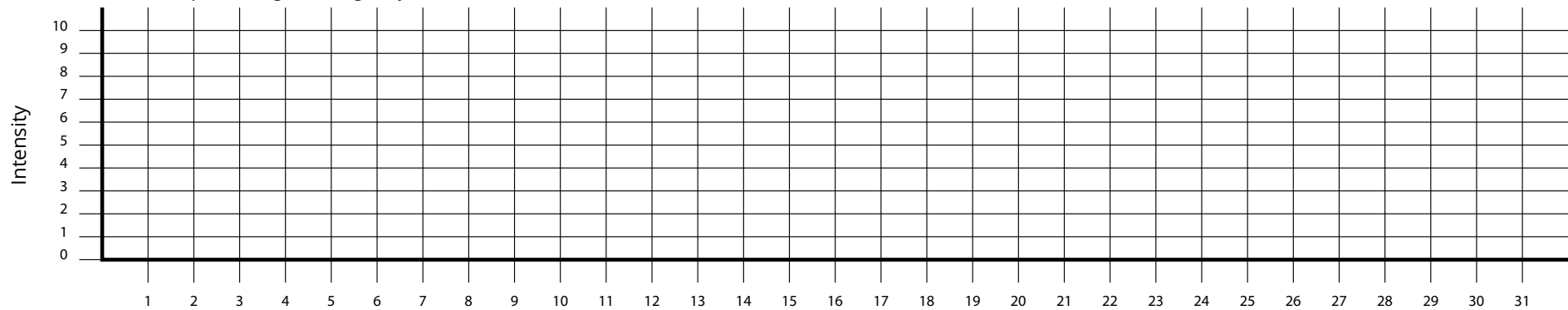
Leg pain

① Pain either in the front or the back of your legs.



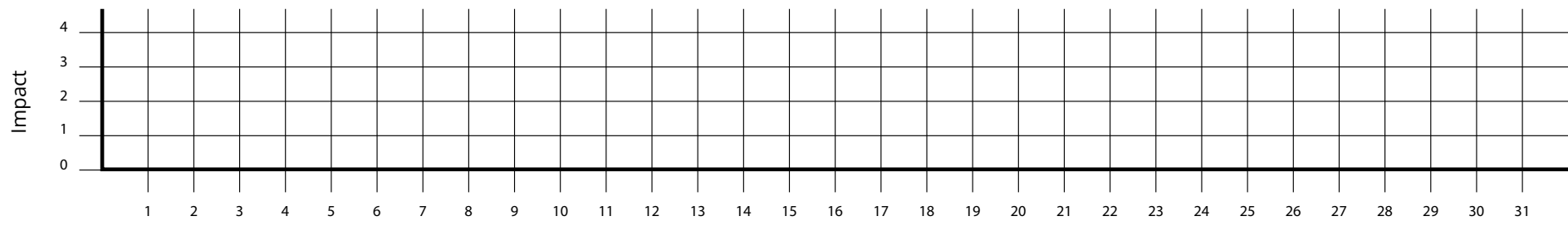
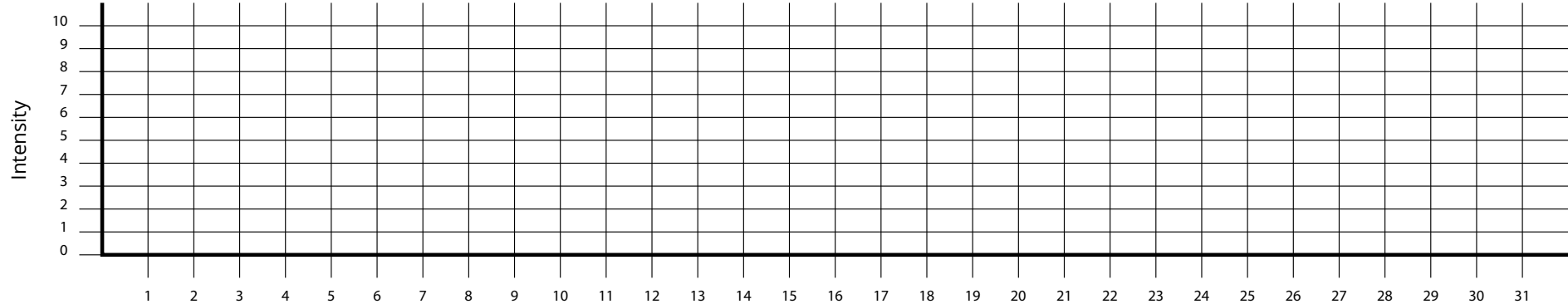
Deep vaginal pain

① Pain deep in the vagina during or after sexual intercourse



Rectal pain or bleeding

① Painful bowel movements (pain or blood while pooing)



Urinary pain or bleeding

① Painful urination (pain or blood while peeing)

