

Daily Uterine Fibroid Bleeding and Symptom Diary

Please answer the questions below to help you talk to your healthcare provider about how your uterine fibroids make you feel. Complete this diary every day from the first day of your period to the last day. For each question, please select one answer to indicate your experiences DURING THE PAST 24 HOURS.

Date

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1	In the past 24 hours, did you experience any menstrual bleeding OR spotting?							
	No							
	Yes							

2	In the past 24 hours, how would you rate your MENSTRUAL BLEEDING?							
	No bleeding							
	Spotting							
	Light bleeding							
	Moderate bleeding							
	Heavy bleeding							
Extremely heavy bleeding								

3	In the past 24 hours, did you pass any blood clots?							
	No							
Yes								

4	In the past 24 hours, how many SATURATED* pads did you use? (Please do not include mini-pads or panty liners) - * "Saturated" is fully soaked or can't hold anymore.							
	Number of pads (if none, enter 0)							

5	In the past 24 hours, how many SATURATED* tampons did you use? * "Saturated" is fully soaked or can't hold anymore.							
	Number of tampons (if none, enter 0)							

6	In the past 24 hours, how would you rate any MENSTRUAL CRAMPING you experienced?							
	No cramping							
	Mild cramping							
	Moderate cramping							
	Severe cramping							
Extremely severe cramping								

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Date

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7	In the past 24 hours, how would you rate any fibroid-related LOW BACK PAIN you experienced?							
	No low back pain							
	Mild low back pain							
	Moderate low back pain							
	Severe low back pain							
	Extremely severe low back pain							

8	In the past 24 hours, how would you rate any fibroid-related ABDOMINAL PAIN you experienced?							
	No abdominal pain							
	Mild abdominal pain							
	Moderate abdominal pain							
	Severe abdominal pain							
	Extremely severe abdominal pain							

9	In the past 24 hours, how would you rate any fibroid-related PAIN that you experienced DURING INTERCOURSE?							
	Did not have intercourse							
	No pain							
	Mild pain							
	Moderate pain							
	Severe pain							
	Extremely severe pain							

10	In the past 24 hours, how would you rate any fibroid-related PHYSICAL FATIGUE you experienced?							
	No physical fatigue							
	Mild physical fatigue							
	Moderate physical fatigue							
	Severe physical fatigue							
	Extremely severe physical fatigue							

11	In the past 24 hours, how would you rate any BLOATING you experienced?							
	No bloating							
	Mild bloating							
	Moderate bloating							
	Severe bloating							
	Extremely severe bloating							

Disclaimers: This tool captures concepts most important to women with uterine fibroids and is validated for content only. This tool is intended to facilitate conversations between patients and providers. Diagnostic utility and criterion validity has not been established.

References: Daily Uterine Fibroid Bleeding and Symptom Diary. Pfizer PCOA. 2008. Deal, LS. Development of an Electronic Daily Uterine Fibroid Symptom Diary. Patient 2011; 4(1):31-44