

SACRED RHYTHMS

Portal 0 – Part 2

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:	_____	_____	_____	_____
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