

PCOS Analyse sheet

Name of the Institution :

Class: Age: Roll No.:

Father's occupation: Mother's occupation:

Religion : Hindu/Christian/Muslim/others (Specify)

Weight [kg] : Height [cm]

Waist circumference :[cm]

Body mass index :

Blood Pressure : (mmHg)

1. Age of attaining Menarche :

2. Any Menstrual irregularity : <21 days >35days

[21-35 days is considered normal]

3. Do you have excessive bleeding during cycles ?

4. Presence of Acanthosis nigricans or skin tags:

[Dark velvety skin thickening in neck, Axilla, face, chest, knuckles]

5. Presence of Hirsutism ?[excessive hair growth] [body parts to be looked for hirsutism:

upperlip,chin,chest,back,abdomen,arms,thighs,legs,perineum]:

6. Presence of excess hair loss?

7. Presence of acne ? mention if using any treatment for acne:

8. Are you a vegetarian? No

9. If you are a non vegetarian,

a. How many eggs/week:

b. How many chicken servings/week:

c. How many fish servings/week:

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10. Are you taking any medication? Mention the name of medicine and also the cause:

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11. How often you consume bakery food items in a week ?

12. Type of physical activities you indulge in? sports/dance/cycling

13. Time spent for physical activities [in hours/day and days per week]

14. How do you come to school?: By walking / Cycling / Vehicle

15. Does any of your family members have

a. Diabetes, Mention whom:

b. Blood pressure, Mention whom:

c. Baldness, Mention whom:

d. Cholesterol, Mention whom:

e. PCOS, Mention whom:

16. Do you experience mood swings/ depression/ anxiety ?

17. Do you have intense cravings for sweets, chocolates or other sugary food substances ?