

Natural Therapy Effectiveness Assessment Form

Professional tool for systematically evaluating the effectiveness of different natural therapies

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Instructions for Use

- Record your symptoms and feelings as objectively as possible each day
- Fill out the daily log promptly when symptoms appear and subside
- Evaluate at least one complete menstrual cycle for a more comprehensive understanding of therapy effectiveness
- Regularly review your records, especially conduct cycle summaries after menstruation ends
- This form is a tool to help you self-observe and evaluate, and can be discussed with a doctor when needed

I. Basic Information Section

User Basic Information

Name/User ID	
Age	
Main Assessment Symptom Start Time	

Main Assessment Symptoms (Multiple selections allowed)

- ☐ Menstrual pain
- ☐ Premenstrual mood swings
- ☐ Bloating
- ☐ Fatigue/lack of energy
- ☐ Insomnia/poor sleep quality
- ☐ Headache

☐ Other: _____

Current Assessment Cycle Information

Assessment Start Date	_____ Year ____ Month ____ Day
Assessment End Date	_____ Year ____ Month ____ Day
Cycles Covered	_____ Complete menstrual cycles

Main Goals and Expectations

What specific effects do you hope to achieve through this assessment and the natural therapies you try?

For example: Reduce menstrual pain intensity by 50%, reduce pain medication use, more stable mood, etc.

II. Therapy Record Section

Please record all natural therapies you try during this assessment cycle. You can try multiple therapies and track their effects simultaneously.

#	Therapy Name/Description	Type	Frequency	Duration per Session	Start Date	End Date
Example	30-minute brisk walk daily	Exercise	Daily	30 minutes	2024-01-01	2024-01-31
1						
2						

#	Therapy Name/Description	Type	Frequency	Duration per Session	Start Date	End Date
3						
4						
5						



Common Natural Therapy Types

- Herbs/Supplements
- Dietary adjustments
- Exercise
- Meditation/Relaxation
- Physical therapy
- Aromatherapy
- Acupuncture/Massage
- Others



Recording Examples

- Angelica granules, three times daily
- Low-gluten diet
- Yoga, 3 times per week
- Acupoint massage: Hegu + Zusanli
- Lavender essential oil
- Abdominal heat therapy
- Mindfulness meditation

III. Daily Tracking Log

Please record daily or when symptoms occur during the assessment cycle. Use 0-10 scale to assess intensity and levels.

0	2-3	4-6	7-8	9-10
No symptoms Lowest	Mild Slight discomfort	Moderate Obvious impact	Severe Significant impact	Extreme Highest/Strongest

Date	Menstrual Cycle Phase	Main Symptom Intensity(0-10)	Symptom Duration	Mood Level	Energy Level	Therapies Used Today	Immediate Effect Feeling
Example 01-15	Menstrual Day 2	Pain:7 Bloating:5 Fatigue:6	4 hours	4	3	Therapy 1,3 Heat therapy 30min	Pain slightly relieved No change in

Date	Menstrual Cycle Phase	Main Symptom Intensity(0- 10)	Symptom Duration	Mood Level	Energy Level	Therapies Used Today	Immediate Effect Feeling
							bloating Mood improved

IV. Cycle Summary and Assessment Section

After completing this assessment cycle, please review your records and conduct a summary assessment.

Overall Symptom Change Review

Symptom Frequency Change	<input type="checkbox"/> Significantly decreased <input type="checkbox"/> Slightly decreased <input type="checkbox"/> No change <input type="checkbox"/> Slightly increased <input type="checkbox"/> Significantly increased <input type="text"/>
Symptom Intensity Change	<input type="checkbox"/> Significantly reduced <input type="checkbox"/> Slightly reduced <input type="checkbox"/> No change <input type="checkbox"/> Slightly increased <input type="checkbox"/> Significantly increased <input type="text"/>
Symptom Duration Change	<input type="checkbox"/> Significantly shortened <input type="checkbox"/> Slightly shortened <input type="checkbox"/> No change <input type="checkbox"/> Slightly extended <input type="checkbox"/> Significantly extended <input type="text"/>

Therapy Effectiveness Assessment

Overall Effectiveness Score	<input type="text"/> / 10 points (0=completely ineffective, 10=very effective)
Most Helpful Therapy	<input type="text"/>
Discomfort or Side Effects	<input type="text"/>

Follow-up Decisions

Will you continue using these natural therapies?

☐ Yes, continue all ☐ Yes, continue some ☐ No, stop all therapies ☐ Need adjustments

Please specify your plan:

Are there other therapies you need to try?

Important Notice

This assessment form is a tool to help you self-observe and evaluate, and cannot replace professional medical diagnosis.

- If symptoms are severe or continue to worsen, please consult a doctor promptly
- It is recommended to consult professionals before trying new natural therapies
- Some herbs and supplements may interact with medications
- You can discuss your records and findings with doctors or professionals when needed

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