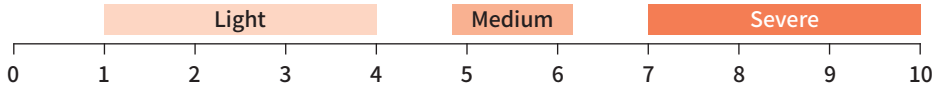
Health Counseling Checklist for Standard Female Adolescent

If you agree to receive health counseling, check the items below to look into the unique physical development of puberty. Ask any questions you have with your doctor.

☐ **Name of Counseling Subject:** ☐ **Date of Birth:**

1 **Consent to Health Counseling**	☐ Agree(☞ Go to Item 2.) ☐ Disagree(☞ Do not mark Items 2 ~ 5 below.)
2 **Confirmation of First Menstruation**	☐ Yes (Year Month) ☐ No (☞ Go to Item 5.)
3 **Confirmation of Menstruation History**	1. Starting date of recent menstruation: _____ 2. Menstruation cycle: ☐ Regular ☐ Irregular 3. Menstruation period: ☐ 2~7 days ☐ Less than 2 days, 8 days or longer
4 **Menstruation Related Symptoms**	**1. Menstrual Cramps** ☐ Yes ☐ No • If you have a menstrual cramp, ( ) points (10 points for very severe)  • Do the menstrual cramps cause difficulty in school? ☐ Yes ☐ No • Have you taken painkillers? ☐ Yes (Did the pills work? ☐ Yes ☐ No) ☐ No **2. Amount of menstruation (check all applicable items.)** ☐ Sanitary pad must be changed every 1–2 hours. ☐ I wake up at night to change sanitary pads. ☐ Menstruation lasts for more than a week. ☐ It is difficult to go to school due to large amount of menstruation. ☐ I am tired, dizzy, or have been short of breath during menstruation. ☐ Not applicable for all contents above. **3. Menstruation cycle:** ☐ 21~45 days ☐ Less than 21 days, 46 days or longer
5 **Breast Development**	Below are descriptions of breast development. Select all cases that apply to you. ☐ **Stage 1:** Breasts are not developed ☐ **Stage 2:** A breast lump has formed and can be touched. ☐ **Stage 3:** Breasts are growing and areola (darker and rounder area than the skin around the nipple) has become wide ☐ **Stage 4:** Areola protrudes out above enlarged breasts like hills ☐ **Stage 5:** Protruding areola has returned into the same face as the entire breast and only the nipple protrudes.
6 **Vaccination history for preventing human papillomavirus (HPV) infection**	1. Vaccination: ☐ Yes (Date of vaccination: Year Month Day) ☐ No 2. If you have been vaccinated before, were there any side effects after vaccination? (☐ Yes ☞ What kind of symptoms? ☐ No)

The doctor shall fill out the contents below after counseling.

Item	Confirmed Contents	Confirmed ☑
1	Provided guidance material regarding secondary sexual characteristics and first menstruation	☐
2	First menstruation has been checked	☐
3-1	**(If first menstruation has been experienced)** Excessive menstruation has been checked	☐
3-2	Abnormal uterine bleeding (amount of menstruation, interval, etc.) has been checked	☐
3-3	Menstrual cramp is checked	☐
4	**(If first menstruation has not been experienced)** Development of secondary sexual characteristics has been checked	☐

Written Date: **Medical Institution Name:** **Doctor Name:** **(Signature)**

질병관리청