Visit prep kit

To fill in before a PCOS (PMOS) appointment: your worries, what you tried, your tests and your questions. The fill-in version is at pcostrackerapp.com/guides/pcos-appointment-planner/

1. What I most want help with (number up to three, 1 is the most important)

- ☐ Finding out if I have PCOS
- ☐ My periods
- ☐ Extra hair, acne or hair loss
- ☐ My weight
- ☐ Feeling low or anxious
- ☐ Being tired or sleeping badly
- ☐ Getting pregnant, now or later
- ☐ Something else

2. My periods

Count from the first day of one period to the first day of the next.

How far apart, usually:

- ☐ Usually 21 to 35 days apart
- ☐ Often less than 21 days apart
- ☐ Often more than 35 days apart
- ☐ It changes a lot each time
- ☐ None for more than 3 months
- ☐ I'm on the pill or a hormonal IUD
- ☐ I don't know

Periods in the last 12 months:

- ☐ 12 or more
- ☐ 8 to 11
- ☐ 4 to 7
- ☐ 1 to 3
- ☐ None
- ☐ Not sure

My last period started on: _____

- ☐ Soaking through one or more pads or tampons every hour for several hours in a row
- ☐ A period that lasts more than 7 days
- ☐ Periods painful enough to stop me doing things

For adults, the 2023 guideline counts cycles under 21 or over 35 days, fewer than 8 periods a year, or any one cycle over 90 days as irregular. (guideline 1.1.1)

3. What I have noticed

Extra hair on my face, chest, belly or back	□ Worse □ Same □ Better
Acne	□ Worse □ Same □ Better
Hair thinning on my scalp	□ Worse □ Same □ Better
Dark, velvety patches of skin, such as on my neck or armpits	□ Worse □ Same □ Better
Low mood most days	□ Worse □ Same □ Better
Worry or anxiety most days	□ Worse □ Same □ Better
Tired most days	□ Worse □ Same □ Better
Snoring, or waking up tired after a full night	□ Worse □ Same □ Better

Eating feels out of control	□ Worse □ Same □ Better
My weight has changed and I don’t know why	□ Worse □ Same □ Better

4. Checks I have had

The 2023 International Evidence-based Guideline for PCOS says everyone with PCOS should be offered these. Check the ones you have had.

- ☐ **Blood sugar:** At diagnosis, then every 1 to 3 years. The 75 g glucose tolerance test is the most accurate. (guideline 1.9.2, 1.9.3, 1.9.9)
- ☐ **Cholesterol:** At diagnosis, at any age or weight. (guideline 1.8.3)
- ☐ **Blood pressure:** Every year. (guideline 1.8.4)
- ☐ **Depression and anxiety screening:** Questions about how your mood has been. (guideline 2.2.1, 2.2.2)
- ☐ **Sleep apnea questions:** Snoring, waking tired, daytime sleepiness. (guideline 1.10.2)

5. Medicines and supplements I take

- ☐ Combined pill
- ☐ Progestogen-only pill
- ☐ Hormonal IUD
- ☐ Metformin
- ☐ Spironolactone
- ☐ Inositol
- ☐ Vitamin D
- ☐ Iron
- ☐ None
- ☐ Others: _____

On the pill? The pill makes testosterone results hard to read and can lower AMH. Ask how that affects yours. (guideline 1.2.6, 1.5.6)

6. Questions to take (check the ones you want to ask)

- ☐ Which of the three PCOS criteria did I meet, and which tests showed it? Why: In adults, PCOS takes two of three: irregular periods, signs of high androgens, or many follicles on an ultrasound (or a high AMH). (2023 PCOS guideline, Algorithm 1)
- ☐ Could anything else explain my symptoms, such as my thyroid? Why: PCOS is diagnosed once other causes, such as thyroid disease, are ruled out. (2023 PCOS guideline, Algorithm 1)
- ☐ My periods are far apart. How will the lining of my uterus be protected? Why: Long gaps between periods, untreated, raise the risk to the lining of the uterus. The guideline asks for a plan to protect it. (2023 PCOS guideline, recommendations 1.11.2, 1.11.4)
- ☐ My periods are very heavy or long. Should that be checked? Why: ACOG lists soaking through one or more pads or tampons every hour for several hours in a row, or a period that lasts more than 7 days, as signs of heavy bleeding. (ACOG: heavy menstrual bleeding)
- ☐ Was I on the pill when my hormones were tested, and does that change my results? Why: The pill makes testosterone results hard to read and can lower AMH. (2023 PCOS guideline, recommendations 1.2.6, 1.5.6)
- ☐ Can I have a blood sugar test? When is the next one due? Why: The guideline says everyone with PCOS should have one at diagnosis, then every 1 to 3 years. (2023 PCOS guideline, recommendations 1.9.2, 1.9.3)
- ☐ Can I have a cholesterol test? Why: Recommended at diagnosis for everyone with PCOS, at any age or weight. (2023 PCOS guideline, recommendation 1.8.3)

- [ ] Can you check my blood pressure today? Why: The guideline says blood pressure should be checked every year. (2023 PCOS guideline, recommendation 1.8.4)
- [ ] Can I be screened for depression and anxiety? Why: The guideline says everyone with PCOS should be screened. (2023 PCOS guideline, recommendations 2.2.1, 2.2.2)
- [ ] Should I be checked for sleep apnea? Why: Snoring, waking tired and daytime sleepiness are the questions the guideline suggests. (2023 PCOS guideline, recommendation 1.10.2)
- [ ] What are my options for the hair or skin changes, with the pros and cons of each? Why: The guideline lists the pill and laser, with anti-androgens such as spironolactone later and with reliable contraception. (2023 PCOS guideline, recommendations 4.2.1, 4.8.1, 4.6.1)
- [ ] My hair or skin change is getting worse. Do I need more tests? Why: Extra hair, acne or hair loss that starts suddenly, is severe or keeps getting worse needs more tests to rule out other causes. (2023 PCOS guideline, recommendation 1.3.7)
- [ ] Can my care focus on healthy habits, with or without weight loss? Please ask before weighing me. Why: The guideline says you can choose care focused on weight loss or on healthy habits without it, and staff should ask before weighing you. (2023 PCOS guideline, recommendations 3.6.1, 3.6.4)
- [ ] Eating feels out of control. Can we talk about that? Why: The guideline says eating disorders should be considered in PCOS at any weight. (2023 PCOS guideline, recommendation 2.5.1)
- [ ] I take metformin. Should my vitamin B12 be checked? Why: Metformin can lower vitamin B12. (2023 PCOS guideline, recommendation 4.3.4)
- [ ] I take spironolactone. What contraception do I need with it? Why: Anti-androgens can affect a developing baby, so the guideline pairs them with reliable contraception. (2023 PCOS guideline, recommendations 4.6.1, 4.6.3)
- [ ] I take inositol. Is it worth carrying on? Why: The guideline says inositol could be considered, with limited benefits and no proven type or dose. (2023 PCOS guideline, recommendations 4.7.1, 4.7.4)
- [ ] I may want to get pregnant, now or later. What should I know, and which checks come first? Why: The guideline suggests a glucose tolerance test and a blood pressure check before you try, and a plan for if and when you want children. (2023 PCOS guideline, recommendations 1.9.11, 5.1.3)
- [ ] For the thing that bothers me most, what are my options, with the pros and cons? Why: On the Endocrine Society's list of questions to ask. (Endocrine Society: PCOS patient page)
- [ ] What should make me come back sooner? Why: So you know which changes cannot wait for the next visit.

7. What to bring

- [ ] Your period dates for the last few months, if you have them.
- [ ] Your medicines and supplements, or photos of the boxes.
- [ ] Past test results or letters.

8. Notes from the appointment

More help

More questions you can ask: Monash University: PCOS Question Prompt List, https://www.monash.edu/medicine/mchri/pcos/resources-monash/pcos-question-prompt-list. Wondering if you have PCOS: Jean Hailes: PCOS symptom checklist, https://www.jeanhailes.org.au/resources/polycystic-ovary-syndrome-pcos-symptom-checklist.

Sources: 2023 International Evidence-based Guideline for the Assessment and Management of PCOS (recommendation numbers above); ACOG; Endocrine Society.