

JUST ASK

Because control begins with conversation

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**One out of five women suffers from heavy menstrual bleeding.
Are you one of them?**

**If you can answer “yes” to any of the questions below, you may be a candidate
for a new minimally invasive treatment.**

Name:

Age:

Date:

Please check the following questions...

Relating to the kind of bleeding you experience:

- Yes No 1. Do you regularly experience heavy bleeding?
- Yes No 2. Does your bleeding last 7 or more days per cycle?
- Yes No 3. Is your bleeding so heavy that it requires you to change protection nearly every hour and to carry large amounts of products with you?
- Yes No 4. Has medication (hormone therapy) failed to help you with heavy bleeding?

Relating to how bleeding affects your lifestyle:

- Yes No 5. Do you experience fatigue, anemia, or embarrassing accidents due to your heavy bleeding?
- Yes No 6. Does your heavy bleeding affect your social, athletic, or sexual activities or cause you to miss work?
- Yes No 7. Do you ever avoid traveling or even leaving home because of your heavy bleeding?
- Yes No 8. Do you often take an extra change of clothes with you due to your heavy bleeding?

Please give this form to your doctor.

NOVASURE

Control the bleeding. Restore your life.