Know the Symptoms of Ovarian Cancer

If any are persistent it matters.



If you have any of the symptoms listed above, take the **Goff Symptom Index Questionnaire** on the back of this page and talk with your doctor to learn more.





Do you have pain \Box YES \rightarrow in your abdomen \Box NO or pelvis? \downarrow	How many days per month?	☐ 0-5 days
	How long have you felt this way?	\square <1 month
Do you feel full quickly or are you unable to eat normally? \downarrow YES \rightarrow \square NO \downarrow	How many days per month?	☐ 0-5 days
	How long have you felt this way?	 ☐ <1 month ☐ 7-12 months ☐ 1-6 months ☐ >1 year
Do you experience abdominal bloating \Box yes \rightarrow or an increased \Box NO abdominal size?	How many days per month?	☐ 0-5 days
	How long have you felt this way?	 ☐ <1 month ☐ 7-12 months ☐ 1-6 months ☐ >1 year

1. Goff, BA, et al. Symptom triggered screening for ovarian cancer: A pilot study of feasibility and acceptability. Gyn Onc 2012: 124; 230-235.



Talk with your doctor to learn more!

