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

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