

Plan of Action (PoA)
for
Classification and Detection of PCOD/PCOS

Project by
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INTRODUCTION

Polycystic ovarian syndrome or disease (PCOS/PCOD) is a hormonal disorder that affects women in their reproductive age. PCOS is a common health condition that affects teen and young women. The reproductive system of women is controlled by the complex interplay of primarily five reproductive hormones namely estrogen, gonadotropin-releasing hormone, follicle stimulating hormone, progesterone and luteinizing hormone. An imbalance within these hormones leads to a hormonal disorder called the polycystic ovary syndrome (PCOS) or polycystic ovarian disease (PCOD) among women of reproductive age. It can cause problems with menstrual periods and make it difficult for her to conceive. The principal features include no ovulation, irregular periods, acne and hirsutism. If not treated it can cause insulin resistant diabetes, obesity and high cholesterol leading to heart disease. The medical treatment of PCOD/PCOS focuses on managing individual concerns, such as infertility, hirsutism, acne or obesity.

- Lowering of blood glucose levels
- Restoration of fertility
- Treatment of hirsutism or acne
- Restoration of regular menstruation, and prevention of endometrial hyperplasia and endometrial cancer

Losing weight (which can be difficult) has been shown to help with diabetes, high blood pressure, and high cholesterol. Even a [weight loss](#) of 5% of total body weight has been shown to help with the imbalance of hormones and also with infertility.

This survey is conducted to analyse and classify the symptoms of PCOD/PCOS in women and thus to detect the PCOD/PCOS in the early stage as possible.

Questionnaires

Personal Details

1. Choose your Gender

- ☐ Female
- ☐ Male
- ☐ Other

If Gender=Female,

2. Pick your age limit

- ☐ Less than 18
- ☐ 19-34
- ☐ 35-50
- ☐ 50 and above

3. Which work profile matches you?

- ☐ Student
- ☐ Employed
- ☐ Unemployed

4. What is your marital status?

- ☐ Married
- ☐ Unmarried

5. How many kids do you have?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ More than 2

Basic Symptoms

1. How would you describe your Body Physic ?

- ☐ I am Underweight
- ☐ I am at a healthy weight
- ☐ I am a bit overweight
- ☐ I am obese

2. Have you done an ultrasound abdomen scanning and what does your report say?

- ☐ Normal results
- ☐ Cysts in Ovary

- ☐ I don't remember
- ☐ No scanning was done

Period Details and History

1. Do you notice any of these right before your period begins?
 - ☐ Bloating
 - ☐ Breast pain
 - ☐ Constipation
 - ☐ Diarrhoea
 - ☐ Headache
 - ☐ Sleeplessness
 - ☐ Mood swings
 - ☐ None
2. Are you experiencing irregular or late periods?
 - ☐ Yes
 - ☐ No
3. Are you experiencing painful periods?
 - ☐ Yes
 - ☐ No
4. Are you experiencing Excessive bleeding?
 - ☐ Yes
 - ☐ No
5. How often do you get your periods?
 - ☐ Less than 21 days
 - ☐ 21-40 days
 - ☐ More than 40 days
6. How long does your period last?
 - ☐ Less than 3 days
 - ☐ 3-5 days
 - ☐ 5-7 days
 - ☐ More than 7 days
7. How would you like to rate your period pains
 - ☐ Mild
 - ☐ Moderate

- ☐ Severe
 - ☐ No Period Pain
8. Do you notice any clots during your periods?
- ☐ Yes Small Clots
 - ☐ Yes Large Clots
 - ☐ No Clots

Lifestyle

1. Do you have the habit of consuming alcohol?
- ☐ Yes
 - ☐ No
2. Do you have the habit of smoking?
- ☐ Yes
 - ☐ No
3. Are you under any stress?
- ☐ Yes
 - ☐ No
4. Do you exercise regularly?
- ☐ Yes
 - ☐ No

Medical History

1. Is your mother diagnosed with (PCOS/PCOD?)
- ☐ Yes
 - ☐ No
2. Do you suffer from diabetes?
- ☐ Yes
 - ☐ No
3. Do you suffer from Hypothyroidism?
- ☐ Yes
 - ☐ No
4. Do you experience excessive growth of facial and body hair?
- ☐ Yes
 - ☐ No

5. Do you have Acne/ Hyper-pigmentation?

- ☐ Yes
- ☐ No