JLOPEZMD Medical Group

FEMALE SYMPTOMS QUESTIONNAIRE

Name: _____ Date: _____

Age: _____ Last Normal Menstrual Period: _____

Please indicate how bothered you are now and in the past few weeks by any of the following:

		Not at all	A little bit	Quite a bit	Extremely
1	I have hot flashes	☐	☐	☐	☐
2	I have night sweats	☐	☐	☐	☐
3	I have difficulty getting to sleep	☐	☐	☐	☐
4	I have difficulty staying asleep	☐	☐	☐	☐
5	I get heart palpitations or a sensation of butterflies in my chest or stomach	☐	☐	☐	☐
6	I feel like my skin is crawling or itching	☐	☐	☐	☐
7	I feel more tired than usual	☐	☐	☐	☐
8	I have difficulty concentrating	☐	☐	☐	☐
9	My memory is poor	☐	☐	☐	☐
10	I am more irritable than usual	☐	☐	☐	☐
11	I feel more anxious than usual	☐	☐	☐	☐
12	I have more depressed moods	☐	☐	☐	☐
13	I am having mood swings	☐	☐	☐	☐
14	I have crying spells	☐	☐	☐	☐
15	I have headaches	☐	☐	☐	☐
16	I need to urinate more often than usual	☐	☐	☐	☐
17	I leak urine	☐	☐	☐	☐
18	I have pain or burning when urinating	☐	☐	☐	☐
19	I have bladder infections	☐	☐	☐	☐
20	I have uncontrollable loss of stool or gas	☐	☐	☐	☐
21	My vagina is dry	☐	☐	☐	☐
22	I have vaginal itching	☐	☐	☐	☐
23	I have an abnormal vaginal discharge	☐	☐	☐	☐
24	I have vaginal infections	☐	☐	☐	☐
25	I have pain during intercourse	☐	☐	☐	☐
26	I have pain inside during intercourse	☐	☐	☐	☐
27	I lack desire or interest in sexual activity	☐	☐	☐	☐
28	I have difficulty achieving orgasm	☐	☐	☐	☐
29	My opportunity for sexual activity is limited	☐	☐	☐	☐
30	My stomach feels like it's bloated or I've gained weight	☐	☐	☐	☐
31	I have joint pains	☐	☐	☐	☐

Reference: menopause.org