

Menopause Symptoms Questionnaire

This can be used to monitor symptoms and is worth doing regularly to assess how symptoms change with time or with treatment. Please indicate the extent to which you are bothered at the moment by any of these symptoms by placing a tick in the appropriate box:

Symptoms	Not at all 0	A little 1	Quite a bit 2	Extremely 3	Comment
Heart beating strongly or quickly					
Feeling tense or nervous					
Difficulty sleeping					
Memory problems					
Attacks of anxiety and panic					
Difficulty in concentrating					
Feeling tired or lacking in energy					
Loss of interest in most things					
Feeling unhappy or depressed					
Crying spells					
Feeling dizzy or faint					
Tinnitus (ringing or buzzing in the ear)					
Headaches					
Muscle and joint pains					
Pins and needles in any part of the body					
Hot flushes					
Sweating at night					
Loss of interest in sex					

Urinary symptoms					
Symptoms due to vaginal dryness					
SCORE					

Menopause Life by Jen

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