

Menopause Symptom Questionnaire

This is a useful tool to bring to your appointments.

When completing it, think of how you have been feeling in the last couple of weeks.

It can be helpful to use it regularly to keep an eye on your symptoms and to see how you are getting on.

Symptoms	Not at all = 0	A little = 1	Quite a bit = 2	Extremely = 3	Comments
Heart beating quickly or strongly					
Feeling tense or nervous					
Difficulty in sleeping					
Memory problems					
Anxiety or panic					
Difficulty in concentrating					
Feeling tired or lacking in energy					
Loss of interest in most things					
Feeling unhappy or depressed					
Crying spells					
Irritability					
Feeling dizzy or faint					
Pressure or tightness in head					
Tinnitus (ringing or buzzing in the ear)					
Headaches					
Muscle and joint pain					
Pins and needles in any part of the body					
Breathing difficulties					
Hot flushes					
Sweating at night					
Loss of interest in sex					
Urinary symptoms					
Vaginal soreness/dryness /itching					
SCORE					