



MENOPAUSE QUESTIONNAIRE

Print this worksheet and fill out the questions.
Bring it in for a consultation with Dr. Karsten Alexandria.

Patient Name: _____ **Date:** _____

For each of the following symptoms, circle one number only:
 0 if the symptoms is not present
 1 if the symptoms is present but very mild (once a month)
 2 if the symptoms is present but moderate (one to several a week)
 3 if the symptoms is present severe (daily)
 4 if the symptoms is extremely severe (many times a day)

| | | |
|-----|---|-----------|
| 1. | Irregular menses | 0 1 2 3 4 |
| 2. | Hot flashes | 0 1 2 3 4 |
| 3. | Night sweats | 0 1 2 3 4 |
| 4. | Insomnia | 0 1 2 3 4 |
| 5. | Vaginal dryness | 0 1 2 3 4 |
| 6. | Painful intercourse | 0 1 2 3 4 |
| 7. | Decreased sexual arousal | 0 1 2 3 4 |
| 8. | Noticeable aging of skin | 0 1 2 3 4 |
| 9. | Breast tenderness | 0 1 2 3 4 |
| 10. | Nipple tenderness | 0 1 2 3 4 |
| 11. | Anxiety | 0 1 2 3 4 |
| 12. | Irritability | 0 1 2 3 4 |
| 13. | Depression | 0 1 2 3 4 |
| 14. | Mood swings | 0 1 2 3 4 |
| 15. | Weight gain | 0 1 2 3 4 |
| 16. | Migraine headaches | 0 1 2 3 4 |
| 17. | Pain in calves when walking down stairs | 0 1 2 3 4 |
| 18. | Poor memory (forgetful) | 0 1 2 3 4 |
| 19. | Difficulty concentrating | 0 1 2 3 4 |
| 20. | Muscle weakness | 0 1 2 3 4 |
| 21. | Fatigue | 0 1 2 3 4 |
| 22. | Lack of motivation | 0 1 2 3 4 |
| 23. | Wake up frequently or too early | 0 1 2 3 4 |
| 24. | Heart palpitations | 0 1 2 3 4 |
| 25. | Frequently anxious or nervous | 0 1 2 3 4 |
| | TOTAL: | |