

Menopause Assessment Questionnaire

Patient symptom profile

- Do you experience hot flashes or night sweats or both? Y ___ N ___
- Do you feel withdrawn or isolated or apathetic or less intimate? Y ___ N ___
- Do you have trouble sleeping and do you feel tired in the mornings? Y ___ N ___
- Do you have vaginal pain or dryness? Y ___ N ___
- Do you experience urinary incontinence or need to go more often? Y ___ N ___
- Have you gained weight recently, especially around the hips or pelvis? Y ___ N ___
- Are you experiencing headaches more often? Y ___ N ___
- Do you feel that you are more irritable lately? Y ___ N ___
- Are you experiencing mood swings? Y ___ N ___
- Are you experiencing a greater degree of anxiety? Y ___ N ___
- Do you feel less assertive or less energetic? Y ___ N ___
- Are you experiencing more swelling or inflammation? Y ___ N ___
- Is the menses spotty? Y ___ N ___
- Do you feel loss of energy or feeling of fatigue? Y ___ N ___
- Are your allergies getting worse or feel you are developing new ones? Y ___ N ___
- Are you experiencing loss of libido (sex drive)? Y ___ N ___
- Do you have less muscle strength or do you feel physically weaker? Y ___ N ___
- Do you have a problem with your mental skills
- remembering / focusing / attention? Y ___ N ___
- Are you more emotional lately? Y ___ N ___
- Are you experiencing breast tenderness? Y ___ N ___
- Do you have more facial hair? Y ___ N ___
- Is your voice deeper or more masculine? Y ___ N ___
- Are you more aggressive or more angry lately? Y ___ N ___
- Do you feel less motivated or less confident? Y ___ N ___
- Do you feel you have more trouble thinking clearly? Y ___ N ___
- Is there noticeable thinning in your pubic hair? Y ___ N ___
- Is there lack of firmness and tone in your skin? Y ___ N ___
- More wrinkles around eyes/mouth? Y ___ N ___