



MENOPAUSE SYMPTOM CHECKER

Name:

Date:

Email address:

At the moment, how often are you bothered by the following symptoms (please tick)?

SYMPTOMS	Not at all 0	A little 1	Quite a bit 2	Extremely 3	Comment
Heart beating quickly or strongly					
Feeling tense or nervous					
Difficulty sleeping					
Excitable					
Attacks of anxiety or panic					
Difficulty concentrating					
Feeling tired or lacking in energy					
Crying spells					
Irritability					
Feeling dizzy or faint					
Pressure or tightness in the head					
Parts of the body feel numb					
Headaches					
Muscle and joint pains					
Loss of feeling in hands or feet					
Breathing difficulties					
Hot flushes					
Sweating at night					
Loss of interest in sex					
Vaginal dryness					
Pain on intercourse					
Feeling the need to pass urine often					

Adapted from the Greene Climacteric Scale.