

## Menopause Symptom Chart

Assessing your oestrogen mid-life health status

Please complete this form and fax or post it to the rooms prior to your consultation.

Name: ..... Date of Birth: .....

### Please fill in this questionnaire.

Simply rate each problem with a 0 (none), 1 (mild), 2 (moderate) or 3 (severe), depending on how dramatically it affects your life.

Hot flushes	<input type="checkbox"/>
Light-headed feelings	<input type="checkbox"/>
Headaches	<input type="checkbox"/>
Irritability	<input type="checkbox"/>
Depression	<input type="checkbox"/>
Unloved feelings	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>
Mood changes	<input type="checkbox"/>
Sleeplessness	<input type="checkbox"/>
Unusual tiredness	<input type="checkbox"/>
Backache	<input type="checkbox"/>
Joint pains	<input type="checkbox"/>
Muscle pains	<input type="checkbox"/>
New facial hair	<input type="checkbox"/>
Dry skin	<input type="checkbox"/>
Crawling feelings under the skin	<input type="checkbox"/>
Less sexual feelings	<input type="checkbox"/>
Dry vagina	<input type="checkbox"/>
Uncomfortable intercourse	<input type="checkbox"/>
Urinary frequency	<input type="checkbox"/>

Total score: .....

*A total score of more than 15 is suggestive of oestrogen deficiency.  
You should discuss this with your Doctor.*