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MENOPAUSE ACCESS, ASSESSMENT AND REVIEW SERVICE

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PATIENT MENOPAUSE SYMPTOM QUESTIONNAIRE

This questionnaire is intended to be used by patients to help monitor symptoms.

Please complete this in advance of a consultation with your healthcare provider. Ensure that you take the questionnaire with you for your discussion.

Reporting of side effects If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store.

By reporting side effects, you can help provide more information on the safety of this medicine.

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Menopause symptom questionnaire

Please indicate the extent to which you are affected by any of the symptoms by placing a tick in the appropriate box. It is worth reviewing this regularly to assess how your symptoms change over time or with treatment.

This questionnaire has been developed using The Greene Climacteric Scale[1]

		Not at all 0	A little 1	Quite a bit 2	Extremely 3	Score 0-3
1	Heart beating quickly or strongly					
2	Feeling tense or nervous					
3	Difficulty sleeping					
4	Excitable					
5	Attacks of panic					
6	Difficulty concentrating					
7	Feeling tired or lacking energy					
8	Loss of interest in most things					
9	Feeling unhappy or depressed					
10	Crying spells					
11	Irritability					
12	Feeling dizzy or faint					
13	Pressure or tightness in the head or body					
14	Parts of body feel numb or tingling					
15	Headaches					
16	Muscle and joint pains					
17	Loss of feeling in hands or feet					
18	Breathing difficulties					
19	Hot flushes					
20	Sweating at night					
21	Loss of interest in sex					
	Score					

1. Greene JG. Constructing a standard climacteric scale. Maturitas. 1998 Apr;29(1):25-31.

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