

Menopause Symptom Questionnaire

This can be used to monitor symptoms and is worth doing regularly to assess how symptoms change with time or with treatment.

Please indicate the extent to which you are bothered at the moment by any of these symptoms by placing a tick in the appropriate box:

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					
Memory problems					
Attacks of anxiety, panic					
Difficulty in concentrating					
Feeling tired or lacking energy					
Loss of interest in most things					
Feeling unhappy or depressed					
Crying spells					
Irritability					
Feeling dizzy or faint					
Pressure or tightness in head					
Tinnitus (ringing or buzzing in ear)					
Headaches					
Muscle and joint pains					
Pins and needles in any part of the body					
Breathing difficulties					
Hot flushes					
Sweating at night					
Loss of interest in sex					
Urinary Symptoms					
Symptoms due to vagina dryness					