

# Peri/menopause

## SYMPTOM SCORE

Tick the box to indicate how much each symptom is bothering you at the moment.

Name:

### Psychological

	NONE (0)	MILD (1)	MODERATE (2)	SEVERE (3)
Anxiety				
Feeling tired, or lacking in energy				
Difficulty sleeping				
Irritability				
Feeling tense or nervous				
Feeling unhappy or depressed				
Crying spells or tearful				
Loss of interest in most things				
Loss of interest in sex				
Thoughts of hurting yourself or suicide				

### Neurological

Headaches or worsening migraines				
Pressure or tightness in the head				
Pins and needles in any part of the body				
Feeling dizzy or faint				
Tinnitus (buzzing or ringing in the ears)				
Burning anywhere in the body (including mouth/feet)				

### Cognitive

Memory problems				
Difficulty concentrating				
Low motivation				
Feeling overwhelmed				

### Digestive system

Weight gain				
Bloating				
Change in bowel habit (constipation or diarrhoea)				
Heartburn				

Please **turn over** to continue the symptom score

## Musculoskeletal

Joint pain

Muscle pain

NONE  
(0)

MILD  
(1)

MODERATE  
(2)

SEVERE  
(3)

## Skin, hair and eyes

Dry eyes

Hair thinning or loss

Dry or itchy skin

Formication (sensation of insects crawling over skin)

## Genitourinary system

Frequent urination or getting up overnight to pee

Urinary incontinence

Urinary tract infections (UTIs)

Itchy, dry or painful vagina/vulva

Painful sex

Heavy periods

## Heart, lungs and vasomotor

Night sweats

Hot flushes

Palpitations (heart beating quickly or strong)

Difficulty breathing or snoring

## Impact on you

Impact on work

Impact at home (your ability to cope running your household)

Impact on relationships (partner, children, friends or family)

Overall impact on your quality of life

## Describe your current periods

No change - normal frequency & flow for me

They've changed - lighter, heavier or irregular

They stopped more than 12 months ago

I'm not sure (e.g. contraception/hysterectomy)

Total:

