Name: _____ Date: _____

All questions contained in this questionnaire are strictly confidential and will become part of your medical record. Please answer the following questions:

Age at onset of menstruation: _____ Date of last menstruation: _____

Women who are still menstruating: I have a menses every _____ days, usually lasting _____ days.

Have you had any of the following: *circle all that apply* Heavy Menses Irregularity Spotting Pain Discharge

Have you ever had a positive Pap smear? Y / N Number of pregnancies: _____ Number of births: _____

Are you a smoker? Y / N ***If yes***: How many packs per day? _____ Total years of smoking? _____

Have you had any of the following: *circle all that apply* D&C Hysterectomy Cesarean section

Have you noticed any lumps in your breast? Y / N ***If yes***, have you had any lumps biopsied? Y / N

Rate the following symptoms you have experienced on a scale of 1-5 as described below.

1 = **I do not experience this symptom with any regularity.**
2 = The symptom is a minor problem — **I notice the symptom, but can manage most of the time.**
3 = The symptom is a moderate issue for me — **I can manage it some of the time, but I sometimes struggle.**
4 = **The symptom is a real problem, but I try to push myself through it.**
5 = The symptom is severe — **I can barely function.**

	1	2	3	4	5
Thin, vertical wrinkles above my lip	○	○	○	○	○
My breasts have a loss of fullness and are sagging	○	○	○	○	○
Eyes are dry and easily irritated	○	○	○	○	○
Hot flashes	○	○	○	○	○
Constantly tired	○	○	○	○	○
Depressed	○	○	○	○	○
Night sweats	○	○	○	○	○
Vaginal dryness	○	○	○	○	○
Problems with memory	○	○	○	○	○
Intercourse can be painful	○	○	○	○	○
				Score out of 50:	

Breast tenderness, pain, or fibrocystic history	○	○	○	○	○
Feeling of nervousness	○	○	○	○	○
Easily agitated	○	○	○	○	○
Poor sleep - light and restless	○	○	○	○	○
Joint inflammation	○	○	○	○	○
Fluid Retention	○	○	○	○	○
Feeling of Depression	○	○	○	○	○
Weight gain in abdomen, hips, and thighs	○	○	○	○	○
Headaches	○	○	○	○	○
Fuzzy thinking	○	○	○	○	○
				Score out of 50:	

Face has gotten slack and more wrinkled	○	○	○	○	○
Loss of muscle tone	○	○	○	○	○
Weight gain around mid-section	○	○	○	○	○
Feeling of fatigue	○	○	○	○	○
Loss of libido or a change in sexual desire	○	○	○	○	○
Difficulty achieving orgasm	○	○	○	○	○
				Score out of 50:	

Peri/Post Menopausal - Hormones Symptom Questionnaire