

Name:

DOB:

Date:



Blackrock Medical Clinic

Menopause symptom score

Please score; none=0, mild =1, moderate =2, Severe =3

<i>Symptom</i>	<i>Score before HRT</i>	<i>Score 3 months after HRT</i>	<i>Score 6 months after HRT</i>
<i>Hot Flashes</i>			
<i>Lightheaded</i>			
<i>Headaches</i>			
<i>Brain Fog</i>			
<i>Irritability</i>			
<i>Depression</i>			
<i>Unloved Feelings</i>			
<i>Anxiety</i>			
<i>Mood Changes</i>			
<i>Sleeplessness</i>			
<i>Unusual</i>			
<i>Tiredness</i>			
<i>Backache</i>			
<i>Joint Pains</i>			
<i>Muscle Pains</i>			
<i>New Facial Hair</i>			
<i>Dry Skin</i>			
<i>Crawling Feelings</i>			
<i>Under Skin</i>			
<i>Less Sexual</i>			
<i>Feelings</i>			
<i>Dry Vagina</i>			
<i>Uncomfortable</i>			
<i>Intercourse</i>			
<i>Urinary frequency</i>			
<i>Total</i>			