

Menopause Questionnaire

Clinician Use Only

Patient _____

Interview Date _____

WMDC

These questions relate to menopause and the time period prior to menopause (known as peri-menopause). We define menopause as beginning after you have had no menstrual cycles for ONE YEAR. Peri-menopause is recognized as the several years prior to menopause and generally lasts from 2-6 years. Most women recognize peri-menopause as the time at which they begin to have irregular periods. You have been given this questionnaire because you have indicated that you are in peri-menopause or are post-menopausal.

1. What was the approximate date of your last menstrual period? _____
2. What age did your menstrual cycles first become irregular? _____
3. What age do you think you entered peri-menopause? _____
4. Are you post-menopausal? (Answer YES, if your last menstrual period was over one year ago?) **YES** **NO**

5. If post-menopausal, what age did you consider yourself post-menopausal? _____
* write N/A if not applicable

6. What happened that made you think you were in peri-menopause? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Night sweats |
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Vaginal dryness |
| <input type="checkbox"/> Irregular periods | <input type="checkbox"/> Phantom periods |
| <input type="checkbox"/> Shorter, lighter periods | <input type="checkbox"/> Heavier periods or flooding |
| <input type="checkbox"/> Shorter cycles | <input type="checkbox"/> Longer cycles |
| <input type="checkbox"/> Loss of interest in sex | <input type="checkbox"/> Changes in hair growth |
| <input type="checkbox"/> Difficulty Sleeping | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Low mood or depression | <input type="checkbox"/> Easy tearfulness |
| <input type="checkbox"/> Decreased ability to concentration | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> My doctor informed me that I was menopausal | |
| <input type="checkbox"/> I felt I was just at that age | |
| <input type="checkbox"/> Other (please specify below) | |

7. Have you received any medical treatment, such as a hysterectomy or chemotherapy that caused or precipitated menopause? **YES** **NO**

If yes, what treatment did you receive?

8. Did you or do you currently take hormone replacement therapy (HRT)?

- YES, I am currently on HRT
 YES, I have taken HRT but do not currently

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()NO, I do not and have never taken HRT
If yes, has it alleviated any mood symptoms?

YES

NO

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Please fill out the following chart. It lists some mood descriptions. Please indicate the extent to which you felt these mood descriptions during the peri-menopause time period and, if applicable, after you became post-menopausal.

Symptom	During Peri-menopause				Post-Menopause (no cycles for one year)			
	Not all	Mild	Moderate	Severe	Not all	Mild	Moderate	Severe
1. Depressed mood or feelings of hopelessness								
2. Increased mood swings.								
3. Feelings of elation or agitation associated with exaggerated self-confidence; decreased need for energy; a sense that thoughts are racing; or increased								
4. Improved mood (specifically an <i>improvement</i> in mood disorder)								
5. Feeling very anxious, more so than what you would expect								
6. Recurrent, unwanted, intrusive ideas, images, or thoughts that are disturbing or horrible								
7. Feeling the need to check things over and over and over, in order to prevent bad things from happening								
8. Having panic attacks. (Panic attacks are sudden feelings of intense anxiety often associated with physical symptoms such as feeling faint, lightheaded, trembling, chest tightness, or shortness of breath lasting approximately 10 minutes)								

Have or did your symptoms, as listed above, interfere with:

	Not at all	Mild	Moderate	Severe
A. Your work efficiency				
B. Your relationships with coworkers				
C. Your relationships with your family				
D. Your social life activities				
E. Your home responsibilities				