Comprehensive Menopause Symptom Questionnaire

Name: _____

Date: _____

Personal Notes for Today: (How are you feeling my friend?)

_____

_____

_____

Instructions:

- For each symptom, rate its severity over the past 4 weeks:
  - 0 = Did not experienced
  - 1 = Mild (noticeable but manageable or does not happen very often)
  - 2 = Moderate (interferes somewhat with daily life)
  - 3 = Severe (significantly impacts daily life, happens too harsh and/or too often)

Vasomotor Symptoms	**Score**
Hot flashes	
Night sweats	
Chills or sudden cold spells	
Excessive Sweating	
Total score	

Sleep Disturbances	**Score**
Trouble falling asleep	
Trouble staying asleep	
Early morning waking	
Non-restorative sleep	
Vivid or disturbing dreams	
Total score	

Mood and Emotional Health	**Score**
Irritability	
Mood swings	
Anxiety	
Panic attacks	
Low mood/depression	
Loss of motivation	
Increased stress sensitivity	
Feelings of isolation or loneliness	
Loss of confidence	
Total score	

Cognitive or neurological symptoms	**Score**
Irritability	
Brain fog	
Difficulty concentrating	
Short term memory lapses	
Forgetfulness	
Word-finding difficulties	
Dizziness	
Headaches and migraines	
Tingling in hands/feet	
Restless legs	
Total score	

Energy and Fatigue	**Score**
Daytime fatigue	
Afternoon energy slump	
Unrefreshing sleep	
Lack of sleep	
Total score	

Reproductive and sexual health	**Score**
Irregular or skipped periods (perimenopause)	
Heavier or lighter periods (perimenopause)	
Vaginal dryness	
Vaginal burning or itching	
Painful intercourse	
Low libido	
Changes in sexual response	
Urinary urgency	
Urinary frequency	
Urinary tract infections (recurrent)	
Stress incontinence (leakage with coughing/sneezing)	
Total score	

Skin, hair and nails	**Score**
Dry skin	
Itchy skin	
Thinning skin	
Increased wrinkles/skin changes	
Hair thinning or shedding	
Facial hair growth	
Brittle nails	
Total score	

Musculoskeletal symptoms	**Score**
Joint pain	
Muscle stiffness	
Muscle loss/weakness	
Bone pain	
Back pain	
Total score	

Metabolic and weight changes	**Score**
Weight gain (especially around abdomen)	
Changes in body composition (loss of muscle, more fat)	
Increased cravings (sugar, carbs)	
Blood sugar fluctuations	
Elevated cholesterol or blood pressure (noted in labs)	
Total score	

Digestive and gastrointestinal health	**Score**
Bloating	
Gas	
Constipation	
Diarrhea	
Abdominal discomfort	
Indigestion/acid reflux	
Total score	

Cardiovascular symptoms	**Score**
Heart palpitations	
Rapid heart rate	
Irregular heartbeat sensations	
Chest tightness (seek medical advice urgently if severe)	
Total score	

Thermoregulatory and sensory changes	**Score**
Sensitivity to heat	
Sensitivity to cold	
Altered sense of taste or smell	
Tinnitus (ringing in ears)	
Vision changes (blurred, dry eyes)	
Dry mouth or burning tongue	
Total score	

Immune system changes	**Score**
Increased frequency of cold or infections	
Slower recovery from illness	
Heightened allergies or new sensitivities	
Gum inflammation or frequent mouth sores	
Reactivation of dormant infections (e.g., cold sores, shingles)	
Lower resilience to stress or illness	
Total score	

Other general symptoms	**Score**
Swelling (hands, feet, ankles)	
Numbness or pins and needle sensations	
Burning sensations in the skin	
Electric shock sensations under the skin	
Changes in body odor	
Breast tenderness	
Total score	

Psychosocial and identity-related changes	**Score**
Feeling invisible or overlooked	
Shifts in body image, body shaming	
Loss of sense of identity	
Desire for new purpose or direction	
Elevated cholesterol or blood pressure (noted in labs)	
Total score	

Odd or less common symptoms	**Score**
Metallic taste in the mouth	
Burning tongue or scalded mouth feeling	
Phantom smells (smelling odors that aren't present)	
Itchy ears or scalp without rash	
Strange vibrations or buzzing feelings internally	
Sudden sensitivity to sound or light	
Transient feelings of imbalance or vertigo	
Total score	