Clinician Use Only
Patient _____
Interview Date_____

Menopause Questionnaire

Regional Clinics
Obstetric & Gynecology

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)

   ( ) Hot flashes
   ( ) Weight gain
   ( ) Irregular periods
   ( ) Shorter, lighter periods
   ( ) Shorter cycles
   ( ) Loss of interest in sex
   ( ) Difficulty Sleeping
   ( ) Low mood or depression
   ( ) Decreased ability to concentration
   ( ) Irritability
   ( ) Night sweats
   ( ) Vaginal dryness
   ( ) Phantom periods
   ( ) Heavier periods or flooding
   ( ) Longer cycles
   ( ) Changes in hair growth
   ( ) Mood swings
   ( ) Easy tearfulness
   ( ) Memory problems
   ( ) Incontinence
   ( ) My doctor informed me that I was menopausal
   ( ) I felt I was just at that age
   ( ) 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
   ( )NO, I do not and have never taken HRT
   If yes, has it alleviated any mood symptoms?
   YES **NO**

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.

	During Peri-menopause				Post-Menopause (no menstrual cycles for one year)			
Symptom	**Not at all**	**Mild**	**Moderate**	**Severe**	**Not at all**	**Mild**	**Moderate**	**Severe**
1. Depressed mood or feelings of hopelessness								
2. Increased mood swings.								
3. Feelings of elation or agitation associated with symptoms like an exaggerated self-confidence; decreased need for sleep without a loss of energy; a sense that thoughts are racing; or increased activities or plans.								
4. Improved mood (specifically an *improvement* in the symptoms of your mood disorder)								
5. Feeling very anxious, more so than what you would consider normal								
6. Recurrent, unwanted, intrusive ideas, images, or impulses that seem silly or horrible								
7. Feeling the need to check things over and over, or repeat actions over and over, in order to prevent bad things from happening								
8. Having panic attacks. (Panic attacks are sudden unexpected episodes of anxiety often associated with physical symptoms such as rapid heartbeat, 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				