

Perimenopause & Menopause Symptom Questionnaire

Adapted from
the Green
Climacteric Scale



The scale provides a brief measure of menopause symptoms. It is used to assess your current situation and evaluate any changes after treatment.

Please indicate if you have any of the following symptoms and their severity by ticking the boxes below

Symptoms		Not at all	A little bit	Quite a bit	Extremely	How long have you had these symptoms and further comments
Score Allocated		0	1	2	3	
1	Heart beating quickly or strongly					
2	Feeling tense or nervous					
3	Difficulty in sleeping					
4	Excitable					
5	Attacks of anxiety, panic					
6	Difficulty in concentrating					
7	Feeling tired or lacking in energy					
8	Loss of interest in most things					
9	Feeling unhappy or depressed					
10	Crying spells					
11	Irritability					
12	Feeling dizzy or faint					
13	Pressure or tightness in the head					
14	Parts of the body feel numb					
15	Headaches					
16	Muscle and joint aches / pains					
17	Loss of feeling in hands or feet					
18	Breathing difficulties					
19	Hot flushes					
20	Sweating at night					
21	Loss of interest in sex/ libido					
22	Migraines					
23	Irregular period					
24	Heavy periods					
25	Irregular bleeding (non-period)					
26	Hair Loss					
27	Drier skin					
28	Vaginal dryness					
29	Vaginal discomfort/soreness					
30	Increased frequency in urination					
31	Urinary tract infections					
32	Short term memory problems					
33	Weight gain					
34	Acne/ facial spots					
35	Facial flushing/ Rosacea					
Scores						Total Score