

**HORMONE QUESTIONNAIRE**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Hormones: \_\_\_\_\_ Other Medications: \_\_\_\_\_

Hysterectomy: \_\_\_No \_\_\_Yes (Year:\_\_\_\_) Ovaries Removed: \_\_\_No \_\_\_Yes

**Directions:** Circle number which best describes degree of symptom intensity:

**SEVERITY:**                      None                      Mild                      Moderate                      Severe

1. Hot flushes, excessive sweating and/or chilly sensations?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
2. Sensations of numbness and/or tingling of arms, legs, or skin?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
3. Restless, fragmented sleep; multiple awakenings?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
4. Irritability, angry outbursts, feeling anxious or apprehensive?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
5. Sad, depressed mood, unhappiness and/or being miserable without any obvious reason?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
6. Sensations of dizziness, spinning and/or "swimming in the head"?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
7. Feeling unusually fatigued, with a tiredness of mind and body associated with desire for rest; feeling a lack of desire or motivation to make further efforts?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
8. Pain or aches affecting joints or muscles?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
9. Migraine, and/or tension headaches?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
10. Fluttering/pounding and/or rapid heartbeat in a sitting or resting position?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
11. "Crawly skin" sensations, like ants or other insects creeping over the skin?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
12. Diminished memory, concentration; feeling "foggy" brained?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>

**Never    Infrequently    Sometimes    Most of Time    Always**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
13. Vaginal burning or itching?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
14. Vaginal dryness, diminished lubrication during sexual arousal?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
15. Painful urination or increased frequency of urination?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
16. Leaking of urine during coughing, laughing, sneezing, or strenuous activity?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
17. Leaking of urine during walking, running, climbing steps or light activity?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

18. Leaking of urine, regardless of activity, even when in a lying position?
0 1 2 3 4

19. Increased urges to urinate, with difficulty holding back urination?
0 1 2 3 4

CIRCLE ANSWER: 0 2
20. Sexual interest Normal Decreased

21. Intercourse in last two weeks? Yes No

22. Vulvar, vaginal or pelvic pain during intercourse? No Yes

23. Reddish vaginal discharge after intercourse? No Yes

24. Quality of orgasm Normal Decreased

25. Quality of lubrication Normal Decreased

DR. VLIET'S MENOPAUSE QUESTIONNAIRE: SCORING AND DISCUSSION

To calculate your total score:

Question 1: Multiply the number corresponding to your response by 4 and write the resulting number on the line

Questions 2 - 4: Multiply the number corresponding to each answer by 2 and then total the points, write the total points on the line

Questions 5 - 25: ADD together all of the numbers corresponding to your response for each question, and write the total points on the line

TOTAL OF THE ABOVE:

If your total score is between 7- 15, you may be in the early phases of the menopause transition, or (if taking hormones) your HRT regimen may not yet be optimal for you.

If your score is between 16 - 30, you clearly have menopausal symptoms, and I think you would benefit from having hormone levels checked (ovary and thyroid) along with your usual medical check-up. There are many ways with lifestyle changes, herbs, vitamins and/or hormones which may be helpful to you and should be discussed with your primary physician or an experienced and knowledgeable menopause specialist.

If your score is greater than 30, you have marked to severe menopausal symptoms which also suggest the presence of other risk factors such as bone loss and cholesterol changes. You would be wise to have a comprehensive mid-life women's health evaluation to determine the best options to improve your immediate well-being, as well as to reduce the risks of later diseases such as osteoporosis and heart disease. You may want to have this done by your present physician, or consider one of the centers around the country where the comprehensive evaluations, tailored to mid-life women, are provided.