

MENOPAUSE SYMPTOM - LIST

Which of the following symptoms do you currently experience?
Please check each symptom and indicate how severely you are affected.
If you do not have a symptoms, please tick 'none'.

Symptoms

	none	mild	moderate	severe	very severe
• Hot flashes, sweating (hot flushes, night sweats).....	☐	☐	☐	☐	☐
• Heart issues (palpitations, rapid heartbeat, skipped beats, heart tightness).....	☐	☐	☐	☐	☐
• Sleep disturbance (difficulty falling asleep, staying asleep, waking up too early).....	☐	☐	☐	☐	☐
• Physical and mental exhaustion (general reduction in performance, memory impairment, brain fog).....	☐	☐	☐	☐	☐
• Irritability (nervousness, inner tension, aggression).....	☐	☐	☐	☐	☐
• Anxiety (inner restlessness, panic).....	☐	☐	☐	☐	☐
• Depressive moods (despondency, sadness, tearfulness, lack of drive, mood swings)	☐	☐	☐	☐	☐
• Sexual issues (changes in sexual desire, sexual validation and satisfaction).....	☐	☐	☐	☐	☐
• Vaginale dryness (feeling of dryness or burning, discomfort during intercourse).....	☐	☐	☐	☐	☐
• Urinary tract issues (discomfort when urinating, frequent urge to urinate).....	☐	☐	☐	☐	☐
• IBS (Irritable Bowel Syndrome).....	☐	☐	☐	☐	☐
• Joint and muscle issues (joint pain, aches).....	☐	☐	☐	☐	☐
• Changes in skin, hair, nails and eyes.....	☐	☐	☐	☐	☐
• General itching, burning (skin, tongue, ears).....	☐	☐	☐	☐	☐