

Menopausal Symptom and Readiness Assessor

MENOPAUSE STATUS

How old are you? _____

How would you describe your menstrual status?

____ My menstrual periods are normal. (No change in frequency or flow)

____ I have some changes in my menstrual periods. (Changes in flow, frequency, or length of periods.)

____ I no longer have menstrual periods. (Postmenopause)

____ I no longer have menstrual periods because of surgery. (Hysterectomy/removal of part or all of the uterus and/or ovaries)

How long has it been since your last menstrual period?

____ Less than 1 year ____ 1 year or more

HOT FLASHES

How would you describe the intensity of your hot flashes?

____ None (I don't have hot flashes)

____ Mild (Sensation of heat without sweating)

____ Moderate (Sensation of heat with sweating, I am able to continue activities)

____ Severe (Sensation of heat with sweating, I need to stop what I am doing)

On average, how many times per day do you have hot flashes?

____ None ____ 1 or 2 ____ 3 to 4 ____ 5 or more

What effects do hot flashes have on your daily life?

____ Embarrassment ____ Discomfort ____ Disruption of professional activities

____ Anxiety ____ Excessive sweating ____ Disruption of daily activities ____ None

NIGHT SWEATS

How would you describe the intensity of your night sweats?

____ None

____ Mild (Wake up feeling hot and sweaty, I am able to go back to sleep)

Moderate (Wake with moderate sweating, I have some difficulty going back to sleep)

Severe (Wake up sweating heavily, I regularly need to change nightclothes/bedding)

On average, how many times per night do you wake up sweating?

None 1 2 3 or more

What effects do night sweats have on your daily life?

Fatigue Trouble falling asleep None Irritability

Trouble staying asleep Tiredness Awakening several times a night

VAGINAL DRYNESS

How would you rate these vaginal symptoms?

Dryness None Mild Moderate Severe

Irritation, burning None Mild Moderate Severe

Itching None Mild Moderate Severe

Pain with sexual activity None Mild Moderate Severe

What other effects do these symptoms have on your daily life?

Bleeding with sexual activity Limited sexual activity because of discomfort None

READINESS

How interested are you in discussing treatment options during this visit?

Very Somewhat Not at all

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