

Assess How Your Menopausal Symptoms Are Affecting You

I have been bothered by:	Not at all	Slightly	Somewhat	Very	Extremely
Irregular periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot flashes that make me uncomfortable or embarrassed, or that interrupt my activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disturbances that may leave me feeling tired or irritable the next day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occasional mood swings or irritability, which may be affecting my relationships with my family, friends, or coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lack of energy that slows me down or stops me from doing the things I want or need to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal dryness, itching, or burning that can make intimacy uncomfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>If you have checked any of the "Somewhat," "Very," or "Extremely" boxes, you should speak to your health care professional. He or she can help you evaluate your treatment options, based on your personal needs and health risks.</p>					
I have a personal or family history of:	Personal	Mother/Sister	Other Family		
Menopausal symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blood clots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		