

MENOPAUSAL SYMPTOMS

Name of Patient

CHECKLIST:

Do you experience any of the following symptoms and associate them with menopause?

Symptoms	never experienced	rarely experienced	frequently experienced	daily experience	multiple times/day
Hot flashes					
Night sweats					
Profuse sweating with hot flashes					
Mood changes					
Decreased memory					
Difficulty concentrating					
Sleep disruption					
Fatigue					
Irritability					
Restlessness / nervousness					
Anxiety					
Depression					
Headaches					
Decreased libido					
Vaginal dryness					
Pain during intercourse					
Incontinence					
Urinary tract Infections					
Palpitations					
Nausea					
Dry skin					
Dry eyes					
Joint pain					
Irregular menses					
Heavy bleeding					
Light bleeding or spotting					
Hair loss					
Facial hair					
Acne					
Altered body fat distribution					
Weight gain					

Do you experience any other symptoms that are not listed?

Have you had a hysterectomy?
If so, do you still have your ovaries?

- Yes No
 Yes No

With the recommendations of



Karl Landsteiner Institut
for cell-oriented therapy
in gynecology