

# Menopause

**If you are having menopausal symptoms, please also answer the following questions:**

1. Change in the length, flow or frequency of your menstrual cycle?

Yes  No

2. Do you suffer from hot flashes?

Yes  No

3. Do you have night sweats & insomnia

Yes  No

4. Do you have mood swings

Yes  No

5. Do you have problems with your memory or concentration?

Yes  No

6. Has sexual intercourse become uncomfortable because of dryness?

Yes  No

7. Have you lost interest in sexual activities or libido?

Yes  No

8. Did your mother undergo menopause at the same age?

Yes  No

9. Did you have a hysterectomy?

Yes  No

10. Are you opposed to hormonal replacement?

Yes  No

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