Perimenopause & Menopause Symptom Questionnaire

Please tick one box per symptom based on the past 2–4 weeks.

Patient details

Name: Date of birth: Date:

Psychological & Emotional

	None	Mild	Moderate	Severe
Feeling tired or lacking in energy	☐	☐	☐	☐
Difficulty sleeping	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐
Low mood or feeling unhappy	☐	☐	☐	☐
Tearfulness or crying spells	☐	☐	☐	☐
Irritability	☐	☐	☐	☐
Loss of interest in usual activities	☐	☐	☐	☐
Loss of interest in sex	☐	☐	☐	☐
Thoughts of harming yourself or suicide	☐	☐	☐	☐

Cognitive

	None	Mild	Moderate	Severe
Memory problems	☐	☐	☐	☐
Difficulty concentrating	☐	☐	☐	☐
Low motivation	☐	☐	☐	☐
Feeling overwhelmed	☐	☐	☐	☐

Neurological & Sensory

	None	Mild	Moderate	Severe
Headaches or migraines	☐	☐	☐	☐
Dizziness or feeling faint	☐	☐	☐	☐
Pins and needles sensations	☐	☐	☐	☐

Neurological & Sensory (continued)

	None	Mild	Moderate	Severe
Tinnitus (ringing in ears)	☐	☐	☐	☐
Burning sensations (mouth, feet, skin)	☐	☐	☐	☐

Digestive System

	None	Mild	Moderate	Severe
Weight gain or body changes	☐	☐	☐	☐
Bloating	☐	☐	☐	☐
Change in bowel habits	☐	☐	☐	☐
Heartburn or reflux	☐	☐	☐	☐

Skin, Hair & Eyes

	None	Mild	Moderate	Severe
Dry or itchy skin	☐	☐	☐	☐
Hair thinning or hair loss	☐	☐	☐	☐
Dry or irritated eyes	☐	☐	☐	☐
Formication (crawling sensation)	☐	☐	☐	☐

Genitourinary System

	None	Mild	Moderate	Severe
Frequent urination or night waking	☐	☐	☐	☐
Urinary leakage	☐	☐	☐	☐
Recurrent urinary infections	☐	☐	☐	☐
Vaginal dryness or discomfort	☐	☐	☐	☐
Pain with intercourse	☐	☐	☐	☐
Heavy or changed periods	☐	☐	☐	☐

Heart, Lungs & Vasomotor

	None	Mild	Moderate	Severe
Hot flushes	☐	☐	☐	☐
Night sweats	☐	☐	☐	☐
Palpitations	☐	☐	☐	☐
Breathing difficulty or snoring	☐	☐	☐	☐

Musculoskeletal

	None	Mild	Moderate	Severe
Joint pain	☐	☐	☐	☐
Muscle pain or stiffness	☐	☐	☐	☐

Impact on You

Impact on work	☐	☐	☐	☐
Impact at home	☐	☐	☐	☐
Impact on relationships	☐	☐	☐	☐
Overall impact on quality of life	☐	☐	☐	☐

Menstrual Pattern

- ☐ No change – normal for me
- ☐ Changed (lighter, heavier or irregular)
- ☐ Stopped more than 12 months ago
- ☐ Unsure (e.g. contraception or hysterectomy)

This questionnaire supports discussion during your consultation and does not replace personalised medical advice.