

## Appendix 3

### Menopause Questionnaire

#### Developed by the Working Committee of the Clinical Practice Guidelines for Menopause Management in Malaysia

This simple guideline is aimed to help health care workers to evaluate a woman going through the menopausal change and to track their progress with lifestyle changes, non-hormonal therapies and menopausal hormone therapy.

Symptoms vary in every woman. The symptomatology chart serves to objectively evaluate a woman during hormonal or non-hormonal treatment.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

NRIC / Passport: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

Last known period: \_\_\_\_\_ Period cycles: regular / irregular

Number of children: \_\_\_\_\_ Last child birth: \_\_\_\_\_ Miscarriages: \_\_\_\_\_

1. Have you had any gynaecological problems before?

- Fibroids
- Adenomyosis
- Ovarian cysts
- Heavy periods
- Others: If yes, please specify \_\_\_\_\_

2. Have you had any surgery on your uterus or ovaries? \_\_\_\_\_  
If yes, please specify \_\_\_\_\_





3. Do you have any of these medical problems?

- High blood pressure
- Diabetes
- High cholesterol levels
- Coronary heart disease
- Cancer
- Blood clotting problems
- Others: If yes please specify \_\_\_\_\_

4. Are you on any medication?

If yes, please specify \_\_\_\_\_

5. Is there a family history of the following?

- High blood pressure
- Diabetes
- High cholesterol levels
- Coronary heart disease
- Cancer
- Blood clotting problems
- Others: If yes, please specify \_\_\_\_\_

6. Are you on any of the following supplements?

- Multivitamins
- Fish Oil
- Calcium
- Vitamin D
- Herbal supplements for menopause
- Others: If yes, please specify \_\_\_\_\_

7. Would you be willing to consider menopausal hormone therapy if needed?

\_\_\_\_\_

Please indicate if you are bothered by any of these symptoms and to what extent.

0 = Not at all

1 = It bothers me a little

2 = I am bothered by these symptoms

3 = These symptoms are interfering with my quality of life

---

Symptoms	0	1	2	3
Irregular periods (period intervals which are shorter or longer)				
Hot flushes				
Night sweats (sweating at night)				
Weight gain (especially at midriff)				
Abdominal bloating				
Sleeping problems				
Palpitations (stronger & loud heart beat)				
Tiredness (unable to do normal daily activity)				
Loss of head hair				
More hair over the face				
Change in skin texture				
Joint and muscle pains				
Heaviness in the head				
Headaches				
Breathing difficulties				
Moody and feeling down				
Anxiety				
Fogginess (forgetfulness)				
Concentration problems				
Feeling tense and nervous				
Loss of interest in many things				
Crying spells				
Irritability				
Dry skin				
Vaginal dryness or irritation				
Loss of interest in sex				
Bleeding with sexual activity				

Increase in urinary tract or  
vaginal infections

