

MENOPAUSE SYMPTOM - LIST

Which of the following symptoms do you currently experience? Please check each symptom and indicate how severely you are affected. If you do not have a symptoms, please tick 'none'.

Symptoms

	none	mild	moderate	severe	very severe
• Hot flashes, sweating (hot flushes, night sweats).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Heart issues (palpitations, rapid heartbeat, skipped beats, heart tightness).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sleep disturbance (difficulty falling asleep, staying asleep, waking up too early).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Physical and mental exhaustion (general reduction in performance, memory impairment, brain fog).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Irritability (nervousness, inner tension, aggression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Anxiety (inner restlessness, panic).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Depressive moods (despondency, sadness, tearfulness, lack of drive, mood swings).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sexual issues (changes in sexual desire, sexual validation and satisfaction).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vaginal dryness (feeling of dryness or burning, discomfort during intercourse).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Urinary tract issues (discomfort when urinating, frequent urge to urinate).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• IBS (Irritable Bowel Syndrome).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Joint and muscle issues (joint pain, aches).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Changes in skin, hair, nails and eyes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• General itching, burning (skin, tongue, ears).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

