

Name: _____

Date: _____

Menopausal Rating Scale

Keep track of you symptoms over a 2-4 week period. Which of the following symptoms apply to you? Please read the following questions and circle the number that best applies for each symptom. For symptoms that do not apply, please mark 'none'.

Key: 0 = No, symptom does not occur
1 = Yes, minor or mild symptoms, rarely occurs (monthly)
2 = Moderate symptom, occurs occasionally (weekly)
3 = Severe symptom, occurs frequently (daily)

- 0 1 2 3 **Hot flushes, sweating** (episodes of sweating)
- 0 1 2 3 **Heart discomfort** (unusual awareness of heart beat, heart skipping, heart racing, tightness)
- 0 1 2 3 **Sleep problems** (difficulty in falling asleep, difficulty in sleeping through, waking up early)
- 0 1 2 3 **Depressive mood** (feeling down, sad, on the verge of tears, lack of drive, mood swings)
- 0 1 2 3 **Irritability** (feeling nervous, inner tension, feeling aggressive)
- 0 1 2 3 **Anxiety** (inner restlessness, feeling panicky)
- 0 1 2 3 **Physical & mental exhaustion** (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)
- 0 1 2 3 **Sexual problems** (change in sexual desire, in sexual activity and satisfaction)
- 0 1 2 3 **Bladder problems** (difficulty in urinating, increased need to urinate, bladder incontinence)
- 0 1 2 3 **Dryness of vagina** (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)
- 0 1 2 3 **Joint & muscular discomfort** (pain in the joints, rheumatoid complaints)

_____ TOTAL POINTS / 11 = _____ Symptom Burden

To calculate your symptom burden: Add up the total number of symptom points and divide by 11. If your symptom burden is greater than 1 than you may want to discuss your symptoms with your primary care provider or see our nutritional products for menopausal symptoms.