

SIGNS & SYMPTOMS	NEVER/ NONE			ALWAYS/ A LOT	
1. I am losing hair on the top of my head.	0	1	2	3	4
2. I am getting thin, vertical lines above my lips.	0	1	2	3	4
3. My breasts are droopy.	0	1	2	3	4
4. My face is too hairy.	0	1	2	3	4
5. My eyes are dry and easily irritated.	0	1	2	3	4
6. I have hot flashes.	0	1	2	3	4
7. I feel tired constantly.	0	1	2	3	4
8. I am depressed.	0	1	2	3	4
9. My menstrual flow is: 0=moderate; 1 to 3=light; 4=none	0	1	2	3	4
10. For women with periods: My cycles are irregular, or too short (<27 days long), or too long (>31 days long)	0	1	2	3	4
11. For women without periods: I do not feel like making love anymore.	0	1	2	3	4

TOTAL SCORE _____

1. I feel anxious.	0	1	2	3	4
2. I sleep lightly and restlessly.	0	1	2	3	4
3. My close friends tell me I am nervous and agitated.	0	1	2	3	4
4. My breasts are large.	0	1	2	3	4
Questions 5 through 10 are directed toward women who have not yet reached menopause and menopausal women who are taking hormone replacement therapy.					
5. I have heavy periods.	0	1	2	3	4
6. My periods are continuously painful.	0	1	2	3	4
7. Before my period, my breasts are swollen, tender, or painful.	0	1	2	3	4
8. Before my period, my lower belly is swollen.	0	1	2	3	4
9. Before my period, I am irritable and aggressive.	0	1	2	3	4
10. Before my period, I lose my self-control.	0	1	2	3	4

TOTAL SCORE _____

1. My face has gotten looser and more wrinkled.	0	1	2	3	4
2. I have lost muscle tone.	0	1	2	3	4
3. My belly has gotten fat.	0	1	2	3	4
4. I am constantly tired.	0	1	2	3	4
5. I feel like making love less often than I used to.	0	1	2	3	4

TOTAL SCORE _____

SIGNS & SYMPTOMS		NEVER/ NONE			ALWAYS/ A LOT	
1.	My hair is thinning.	0	1	2	3	4
2.	My cheeks are sagging.	0	1	2	3	4
3.	My gums are receding.	0	1	2	3	4
4.	My abdomen is flabby; I have a "spare tire."	0	1	2	3	4
5.	My muscles are slack.	0	1	2	3	4
6.	My skin is thin and/or dry.	0	1	2	3	4
7.	I have a hard time recovering after physical activity.	0	1	2	3	4
8.	I feel exhausted.	0	1	2	3	4
9.	I do not like the world. I tend to isolate myself.	0	1	2	3	4
10.	I feel continuously anxious and worried.	0	1	2	3	4

TOTAL SCORE _____

1.	My hair is dry.	0	1	2	3	4
2.	My skin and eyes are dry.	0	1	2	3	4
3.	My muscles are flabby.	0	1	2	3	4
4.	My belly is getting fat.	0	1	2	3	4
5.	I don't have much underarm hair.(0=plenty of hair, 4=hairless)	0	1	2	3	4
6.	I don't have much hair in the pubic area.	0	1	2	3	4
7.	My pubic area is flatter than it used to be. (0=padded, 4=flat)	0	1	2	3	4
8.	My body doesn't have a special scent during sexual arousal.	0	1	2	3	4
9.	My libido is low.	0	1	2	3	4
10.	I can't tolerate noise.	0	1	2	3	4

TOTAL SCORE _____

1.	I am sensitive to cold.	0	1	2	3	4
2.	My hands and feet are always cold.	0	1	2	3	4
3.	My face is puffy and my eyelids and undereye area are swollen when I awaken in the morning.	0	1	2	3	4
4.	I put on weight easily.	0	1	2	3	4
5.	I have dry skin.	0	1	2	3	4
6.	I have trouble getting up in the morning.	0	1	2	3	4
7.	I feel more tired when I am still than when I am active.	0	1	2	3	4
8.	I am constipated.	0	1	2	3	4
9.	My joints are stiff in the morning.	0	1	2	3	4
10.	I feel like I am living in slow motion.	0	1	2	3	4

TOTAL SCORE _____