Menopause Impact Tool

Patient Name: ____ **Date of Birth:** _____ / _____ / _____

THIS SECTION TO BE COMPLETED BY HEALTHCARE PROFESSIONAL

Date: __________________ Patient Time In ______________ Patient Time Out _____________

Past Hysterectomy (Yes/No) _______ Menopausal (Yes/No) _______

Patient Instructions: Please answer the questions below prior to meeting with your healthcare professional who will review the completed questionnaire during your office visit.

Rating Scale: **1 – Not at all or rarely** **2 – A little or moderately** **3– Regularly or frequently**

Assessment of Vasomotor Symptoms

In the last month, to what extent have you been bothered by the following symptoms? Please rate each symptom from 1 to 3 *(refer to above scale and circle your response)*. Then, place an "X" in ONE of the boxes to indicate which ONE symptom is most bothersome to you, or most disrupts your daily life.

Symptom				
Hot flashes	1	2	3	☐
Night sweats or chills	1	2	3	☐
Sleep disturbance	1	2	3	☐
Joint pain or stiffness	1	2	3	☐
Fatigue	1	2	3	☐

To what extent have these symptoms negatively impacted the following (refer to above scale and circle your response)?

Impact			
Feelings about yourself	1	2	3
Relationships	1	2	3
Work	1	2	3

_____ **Total Vasomotor Symptoms Assessment Score**

Assessment of Sexual Health

In the last month, to what extent have you been bothered by the following symptoms? Please rate each symptom from 1 to 3 *(refer to above scale and circle your response)*. Then, place an "X" in ONE of the boxes to indicate which ONE symptom is most bothersome to you, or most disrupts your daily life.

Symptom				
Genital Dryness, pain and/or burning	1	2	3	☐
Pain during sexual activity	1	2	3	☐
Decreased sexual desire	1	2	3	☐
Decreased sexual response	1	2	3	☐
Decreased sexual frequency	1	2	3	☐

To what extent have these symptoms negatively impacted the following (refer to above scale and circle your response)?

Impact			
Feelings about yourself	1	2	3
Relationships	1	2	3
Work	1	2	3

_____ **Total Sexual Health Assessment Score**

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Assessment of Psychological Symptoms

In the last month, to what extent have you been bothered by the following symptoms? Please rate each symptom from 1 to 3 *(refer to above scale and circle your response)*. Then, place an "X" in ONE of the boxes to indicate which ONE symptom is most bothersome to you, or most disrupts your daily life.

Anxiety	1	2	3	☐
Irritability	1	2	3	☐
Sadness	1	2	3	☐
Difficulty concentrating	1	2	3	☐

To what extent have these symptoms negatively impacted the following (refer to above scale and circle your response)?

Feelings about yourself	1	2	3
Relationships	1	2	3
Work	1	2	3

______ **Total Psychological Symptoms Assessment Score**

______ **Total Score for Menopause Symptoms and Impact Assessment (*Please add Total Assessment Scores from the above for Final Total*).**

Treatment Assessment

Please choose the statement that applies to you (*Check the most appropriate response*).

______ "I'd like to try hormone therapy for the treatment of my menopausal symptoms."
______ "I'd consider taking hormone therapy for the treatment of my menopausal symptoms, but I would first like to learn more."
______ "I've taken hormone therapy in the past for the treatment of my menopausal symptoms, but I didn't like it."
______ "I'll never take hormone therapy for the treatment of my menopausal symptoms."

ASSESSMENT: ***SECTION TO BE COMPLETED BY YOUR HEALTHCARE PROFESSIONAL. THE INFORMATION ABOVE, INCLUDING THE TOTAL SCORE, WILL BE ANALYZED BY YOUR HEALTHCARE PROFESSIONAL.***

NOTE TO HEALTHCARE PROFESSIONAL:

Important: In addition to the above, the **patient's family and medical history should be reviewed and assessed in order to determine if the patient is a candidate for hormone therapy**. Some, but not all, medical conditions important to identify include: hysterectomy, breast cancer, stroke, osteoporosis, venous thromboembolism (VTE), coronary artery disease (CAD) or hypertension, dementia, colon cancer.

Suggestion: It is suggested that the assessment questionnaire be completed again 3 – 6 months after initiating treatment to determine treatment adherence and effectiveness.