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MENOPAUSE SYMPTOMS CHECKLIST

Patient: _____ Date (mm/dd/yyyy) _____/_____/_____

Greene Climacteric Scale

The Greene Scale provides a brief measure of menopause symptoms. It can be used to assess changes in different symptoms, before and after menopause treatment. Three main areas are measured: 1. Psychological (items 1-11). 2. Physical (items 12-18). 3. Vasomotor (items 19, 20).

Please indicate the extent to which you are bothered at the moment by any of these symptoms by placing a tick in the appropriate box:

SYMPTOMS	Not at all 0	A little 1	Quite a bit 2	Extremely 3	
1. Heart beating quickly or strongly					
2. Feeling tense or nervous					
3. Difficulty in sleeping					
4. Excitable					
5. Attacks of anxiety, panic					
6. Difficulty in concentrating					
7. Feeling tired or lacking in energy					
8. Loss of interest in most things					
9. Feeling unhappy or depressed					
10. Crying spells					
11. Irritability					
12. Feeling dizzy or faint					
13. Pressure or tightness in head					
14. Parts of body feel numb					
15. Headaches					
16. Muscle and joint pains					
17. Loss of feeling in hands or feet					
18. Breathing difficulties					
19. Hot flushes					
20. Sweating at night					
21. Loss of interest in sex					
Score					Total

Score: > 12 …… < 12 ……..

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