

## Health Assessment For Women (Female Symptom Questionnaire)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Which of the following symptoms apply to you currently (in the last 2 weeks)? Please mark the appropriate box for each symptom. For symptoms that do not currently apply or no longer apply, mark "never".

| Symptoms   | Never<br>(0) | Mild<br>(1) | Moderate<br>(2) | Severe<br>(3) | Very<br>Severe<br>(4) |
|--|--------------|-------------|-----------------|---------------|-----------------------|
| Hot flashes  |              |             |                 |               |                       |
| Sweating (night sweats or increased episodes of sweating)  |              |             |                 |               |                       |
| Sleep problems (difficulty falling asleep, sleeping through the night or waking up too early)  |              |             |                 |               |                       |
| Depressive mood (feeling down, sad, on the verge of tears, lack of drive)  |              |             |                 |               |                       |
| Irritability (mood swings, feeling aggressive, angers easily)  |              |             |                 |               |                       |
| Anxiety (inner restlessness, feeling panicky, feeling nervous, inner tension)  |              |             |                 |               |                       |
| Physical exhaustion (general decrease in muscle strength or endurance, decrease in work performance, fatigue, lack of energy, stamina or motivation) |              |             |                 |               |                       |
| Sexual problems (change in sexual desire, in sexual activity and/or orgasm and satisfaction)   |              |             |                 |               |                       |
| Bladder problems (difficulty in urinating, increased need to urinate, incontinence)  |              |             |                 |               |                       |
| Vaginal symptoms (sensation of dryness or burning in vagina, difficulty with sexual intercourse)   |              |             |                 |               |                       |
| Joint and muscular symptoms (joint pain or swelling, muscle weakness, poor recovery after exercise)  |              |             |                 |               |                       |
| Difficulties with memory   |              |             |                 |               |                       |
| Problems with thinking, concentrating or reasoning   |              |             |                 |               |                       |
| Difficulty learning new things   |              |             |                 |               |                       |
| Trouble thinking of the right word to describe persons, places or things when speaking   |              |             |                 |               |                       |
| Increase in frequency or intensity of headaches or migraines   |              |             |                 |               |                       |
| Hair loss, thinning or change in texture of hair   |              |             |                 |               |                       |
| Feel cold all the time or have cold hands or feet  |              |             |                 |               |                       |
| Weight gain or difficulty losing weight despite diet and exercise  |              |             |                 |               |                       |
| Dry or wrinkled skin   |              |             |                 |               |                       |
| <b>Total:</b>  |              |             |                 |               |                       |

| Severity    | Score   |
|-------------|---------|
| Mild        | 1 - 20  |
| Moderate    | 21 - 40 |
| Severe      | 41 - 60 |
| Very Severe | 61 - 80 |