

Perimenopause and Menopause Symptom checker

This is based on the Greene Climacteric Scale developed by Dr Greene back in 1976.

It remains a helpful focus of symptoms recognition today.

However, we now know there are far more than the original 21 symptoms.

It is useful to complete these at different times in your cycle or at different stages of treatment as a more quantitative assessment of severity and response.

Symptoms	Not at all 0	A little 1	Quite a bit 2	A lot 3	Comment
Heart beating quickly or strongly					
Feeling tense or nervous					
Difficulty Sleeping					
Excitable					
Attacks of anxiety, panic					
Difficulty concentrating					
Feeling tired or lacking energy					
Loss of interest in things					
Feeling unhappy or low in mood					
Crying spells					
Irritability					
Feeling dizzy or faint					
Pressure or tightness in head					
Parts of the body feeling numb					
Headaches					
Muscle and joint pain					
Loss of feeling in hands and feet					
Breathing difficulties					
Hot flushes					
Sweating at night					
Loss of interest in sex					
Vaginal Dryness					
Recurrent Cystitis/UTI					

Thrush					
Dry Eyes					
Dry or "burning mouth"					
Dry, itchy skin or skin crawling					
Increase in allergy symptoms/hayfever					
Tinnitus					
Noise sensitivity					
Urgent need to Pee or Peeing at night					
Dental pain/infections					
Worsening IBS/bloating					
Breast Soreness					
Weight gain					
Body Odour					
Menstrual Changes					

1. Greene, J. G. (1976) A factor analytic study of climacteric symptoms. Journal of Psychosomatic Research, 20, 425—430.

Have you noticed any others?

Other helpful things to consider:

When did you start your periods?

How many periods have you had? Have you had long spells on contraception that suppresses ovulation? How many times have you been pregnant, and did you breast feed?

What age did your mum and any female siblings experience symptoms? How were they managed?

Any previous breast problems? Have you had mammograms?

Any abnormal smears?

Is there is personal or family history of oestrogen-sensitive cancer (breast, ovarian or womb) or clotting abnormalities (lupus/factor V Leiden)?

Is there a family history of cardiovascular disease, dementia, diabetes or osteoporosis?

Do you require contraception?