

Dear Patient,

You have booked an appointment to discuss possible menopausal symptoms +/- hormone replacement therapy. We are trying out a new Menopause Pack to make sure you get the most out of your appointment.

We thought it might be helpful for you to fill out the attached "Menopause Symptom Questionnaire" before your appointment and bring it along with the rest of the pack so we can fully appreciate your symptoms and the impact they are having on your life.

We have included below a number of helpful resources which you may find helpful to read before your appointment, including both information on the menopause itself and information about Hormone Replacement Therapy, if this is something you are considering.

Information on Menopause and HRT

Royal College of Obstetricians and Gynaecologists – Treatment for symptoms of the menopause

<https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/treatment-for-symptoms-of-the-menopause>

Women's Health Concern – The menopause

<https://www.womens-health-concern.org/help-and-advice/factsheets/menopause>

Menopause Matters

www.menopausematters.co.uk

Rock my Menopause

www.rockmymenopause.com/get-informed/symptoms

www.rockmymenopause.com/get-informed/treatment

Patient

www.patient.info/womens-health/menopause

www.patient.info/womens-health/hormone-replacement-therapy-hrt

We look forward to seeing you at your appointment 😊





Menopause Symptom Questionnaire

Education for Scotland

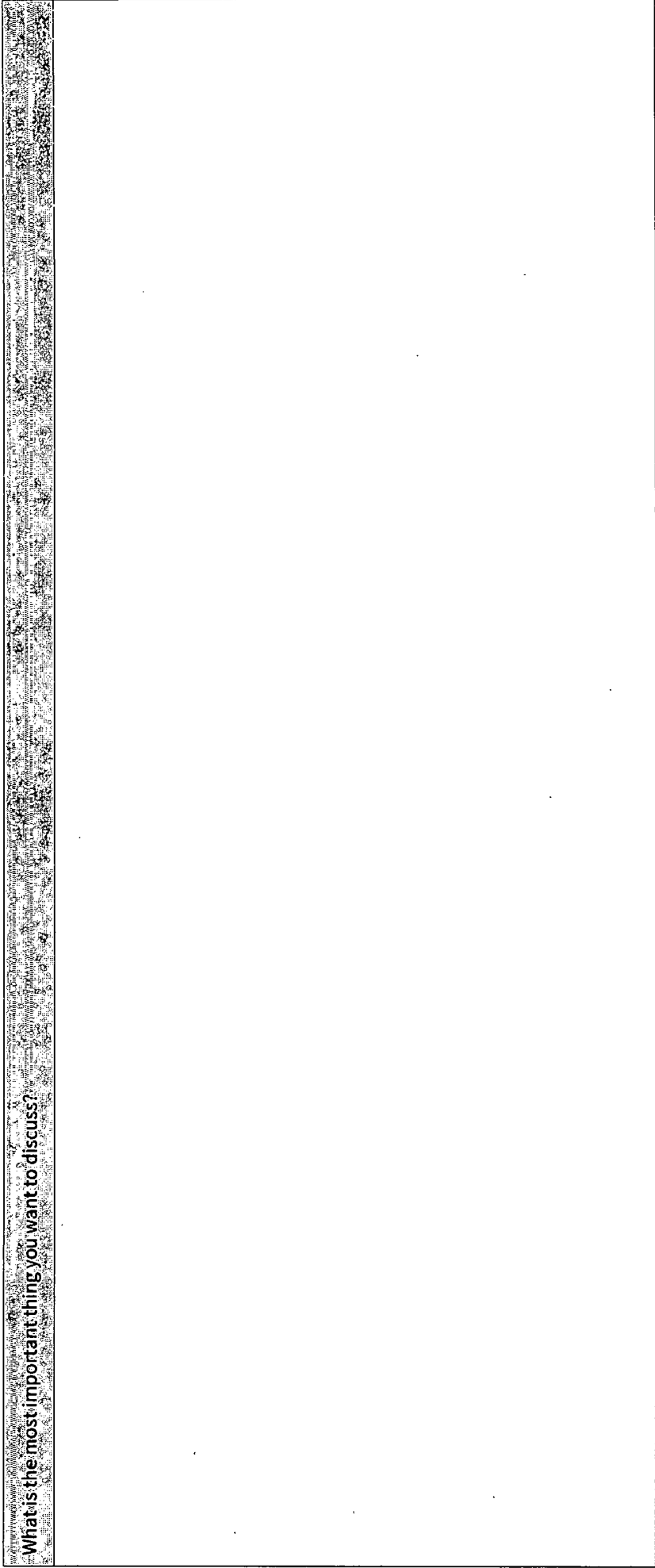
Please use this questionnaire to record any symptoms you may be experiencing for further discussion with your health professional.
Please put the score (0 – 5) that best describes your symptoms in the ‘your score’ column.

	Not at all	Rarely	Less than half the time	About half the time	More than half the time	Always	Your Score
Psychological and Emotional symptoms: Over the past 3 months have you noticed any changes in your mood, being more irritable or anxious, changes to your confidence or memory?	0	1	2	3	4	5	
Vulva/vaginal symptoms: over the last 6 months, have you experienced any irritation, dryness or soreness or discharge in the vulva (outside part of female genitals) or vagina?	0	1	2	3	4	5	
Urinary symptoms: Has there been a change in the way you urinate (pass water) to more frequent or more urgently?	0	1	2	3	4	5	
Symptoms around sex: Has intercourse (having sex) or smear tests been more painful or caused any bleeding?	0	1	2	3	4	5	
Physiological Symptoms: Have you experienced any of the following symptoms in the last 3 months: Palpitations- or your heart racing fast, sweats, flushing, night sweats, unable to sleep, headaches joint pains, tiredness or stomach bloating	0	1	2	3	4	5	
Bleeding or Period symptoms: Have you experienced changes to your bleeding pattern with spotting, irregular, heavy or missed periods	0	1	2	3	4	5	
Insert total menopause symptom score in the box to the right: (0–6 mild, 7–18 moderate, 19–30 severe symptoms)							0

These symptom are affecting my:	Never	Rarely	Sometimes	Often	Always	Your Score
Ability to work	0	1	2	3	4	
Relationships	0	1	2	3	4	
Enjoyment of Life	0	1	2	3	4	

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What is the most important thing you want to discuss?



Name: _____

Date: _____

Please take this questionnaire with you or hand it in to the surgery ahead of your appointment to discuss your symptoms with your general practice team.

Please note: this questionnaire has been developed to support women identify symptoms and severity of menopause and is not intended to guide treatment choices.

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HRT Initial Assessment Proforma – *FOR DOCTOR USE ONLY*

Name:

CHI:

Age:

History

Main **symptoms** (circle): vasomotor/psychological/urogenital/altered sexual function)

Further details:

Last menstrual period: _____

Menopausal (>12m since LMP) or perimenopausal (<12m since LMP)

Current bleeding pattern (if relevant): _____

Sexually active Y/N

Past medical history

Family history

Gynae history:

Hysterectomy? Y/N

VTE

Clotting disorders

Breast cancer

VTE (active/past)

Breast or endometrial ca

Clotting disorders

Heart disease/stroke

Poorly controlled hypertension*

Diabetes*

Porphyria

Liver/gallbladder disease

Thyroid disease*

Migraine*

(*Transdermal therapy advised)

Current engagement with:

Breast awareness/breast cancer screening Y/N – Signpost to coppafeel.org

(Women age 50-70 every 3 years)

Cervical screening Y/N – Last smear test _____

(All people with cervix aged 25-64 every 5 years routinely)

Contraception (required for 1 year after LMP >50 y/o and 2 years after LMP <50y/o

Type (if relevant): _____

Social history

Alcohol units per week:

Caffeine intake:

Smoking status: Current/ex/non-smoker

Mins of exercise per week

Exam

Height: _____ cm

Weight: _____ kg

BMI: _____

Blood pressure:

Bloods that could be considered:

Vasomotor symptoms – TFTs and FBC arranged

<45 y/o – 2x FSH (D1-D5 menstrual cycle) 6-8 weeks apart arranged

Consider lipid profile/HbA1c for CVD risk assessment

Discussion

RISKS

- CVD/stroke if >60 years
- Breast cancer
- VTE (not with TD therapy)

BENEFITS

- CV benefits if <60
- Reduced osteoporosis risk
- Improvement in symptoms

Side effects:

Oestrogenic: nipple sensitivity/leg cramps/nausea/heartburn

Progestogenic: PMS type symptoms/mood changes/acne or greasy skin

Both: breast tenderness/headaches/bloating

- Advise can take up to 3 months for side effects to settle
- Bleeding can be expected up to 6 months after starting HRT but should seek review earlier if becoming problematic

Alternative therapies considered (e.g. SSRIs/venlafaxine/topical agents only) Y/N

Outcome

- HRT prescription
- Advise GP/pharmacist review in 3 months
- Alternative therapy offered
- Further investigations
- Specialist referral required