Menopause client questionnaire

Name and DOB _____

Thank you for booking an appointment at True. To assist us, please take the time to complete the health questionnaire below. All information is confidential and will assist the clinician to provide you with the most appropriate treatment options. At the end of the questionnaire we have attached explanations for our questions.

	Question	Answer or circle answer
1	What is your age?	
2	When was your last normal menstrual period?	
3	If you have had a period in the last 12 months, are your periods regular?	YES / NO
	• If yes, how often do you get them (eg. every 3, 4, 5 weeks)	
	• If no, in the last 12 months what is the shortest time between periods and what is the longest time between periods?	
4	Have you had any bleeding other than your normal period in the last 1-2 years (such as bleeding between periods, bleeding with sex, bleeding more than 12 months after your last menstrual period)?	YES / NO
5	When was your last Cervical Screening Test (previously known as a Pap Smear)?	
6	Have you ever had an abnormal Cervical Screening Test?	YES / NO
	If yes, when?	
7	Have you had any gynaecological surgery?	
	• hysterectomy	YES / NO
	• ovaries removed	YES / NO
	• endometrial ablation (a procedure that removes the lining of your uterus)	YES / NO
	• treatment for an abnormal Cervical Screening Test - eg. LLETZ procedure/ cone biopsy	YES / NO
	• laparoscopic treatment of endometriosis	YES / NO
8	Do you have a current sexual partner?	YES / NO
9	If you are sexually active, are you using anything for contraception?	YES / NO
	If yes, what method of contraception are you using?	
	• 'The pill' or another oral contraceptive	YES / NO
	• IUD	YES / NO
	• Condoms or diaphragm	YES / NO
	• Implanon (hormone implant)	YES / NO

	• Depo provera/ralovera injection (the needle)	YES / NO
	• Partner had a vasectomy	YES / NO
	• Tubal ligation (tubes tied)	YES / NO
	• Other, please state:	
10	Have you had any pregnancies?	YES / NO
	If yes, were any of these preterm deliveries, stillborn or small for gestational age babies?	YES / NO
11	Are you currently using anything to treat menopausal symptoms? If yes, are you using:	YES / NO
	• Hormones	YES / NO
	• Herbal remedies	YES / NO
	• Other, please state:	
	In the past, what treatments have you tried and how did you go with them?	
12	Have you ever had /suffer from any of the following medical illnesses?	
	• Deep vein thrombosis (DVT) or Pulmonary embolus (PE)	YES / NO
	• Breast cancer or have a positive BRCA gene	YES / NO
	• Endometrial cancer or hyperplasia (overgrowth of uterus lining)	YES / NO
	• Diabetes or gestational diabetes	YES / NO
	• High blood pressure, high blood pressure in pregnancy or pre-eclampsia	YES / NO
	• High cholesterol or high triglycerides	YES / NO
	• Thyroid disease	YES / NO
	• Heart disease (including angina) or peripheral vascular disease	YES / NO
	• Stroke	YES / NO
	• Osteoporosis	YES / NO
	• Depression/anxiety/post-natal depression/pre-menstrual syndrome (PMS/PMDD)/ insomnia	YES / NO
	• Recurrent Urinary Tract Infections (UTIs)	YES / NO
	• Liver or gall bladder disease	YES / NO

	• Polycystic ovarian syndrome	YES / NO
	• Epilepsy	YES / NO
	• Migraines	YES / NO
	• Fibroids	YES / NO
	• Any other significant medical problems eg. lung disease, kidney disease If yes, please provide details:	YES / NO
13	Do you have a family history of any of the following medical conditions?	
	• Stroke	YES / NO
	• Heart disease	YES / NO
	• Osteoporosis/fractures	YES / NO
	• Dementia	YES / NO
	• Breast cancer	YES / NO
	• Other cancer	YES / NO
14	Are you on any prescribed medications including medicinal cannabis?	YES / NO
	If yes, please list.	
15	Do you have any allergies or have you had bad side effects from medications?	YES/NO
	If yes, please list.	
16	Are you taking any over-the-counter medications or natural therapies?	YES / NO
	If yes, please list.	
17	Do you currently smoke, vape or use recreational drugs? (Please circle which)	YES / NO
	• If yes to smoking, how many cigarettes per day? • If yes to vaping, what mg/ml of nicotine, and how many ml per day?	

	• What time is your first cigarette or vape of the day? • For how many years have you smoked and/or vaped? • If yes to recreational drugs, please give details. • Have you ever attempted to quit?	
18	Do you drink alcohol?	YES / NO
	• If yes, how many standard drinks per week? (1 standard drink = 1 mid-strength can of beer or 100ml of wine or 30ml nip of spirits)	
19	Do you do regular exercise or physical activity?	YES / NO
20	When was your last mammogram?	
21	Have you ever had a breast problem?	YES / NO
	If yes, when and what type of problem?	
22	Have you had any screening for bowel cancer? (Faecal occult blood/stool test or colonoscopy)	YES / NO
23	Do you have any of the following risk factors for osteoporosis? If yes, please tick. □ Previous fracture □ Parent who has had a hip fracture □ Currently smoking □ Rheumatoid arthritis □ Taking oral corticosteroids, or have taken them for more than 3 months in the past □ Type 1 diabetes □ Long-standing untreated hyperthyroidism □ Last period under the age of 45 □ Coeliac disease □ Drinking 3 or more standard drinks/day Have you ever had a bone density scan?	YES / NO YES / NO
24	Is there any other information that you believe would be useful to share with the clinician?	

25. Please complete the following menopause symptom questionnaire:

Symptom	**Date** **before treatment**	**Date** **3 months after treatment**	**Date** **6 months after treatment**
Please fill in the first column using the following score: 0 = no problem; 1 = mild problem; 2 = moderate problem; 3 = severe problem			
Hot flushes			
Lightheaded feelings			
Headaches			
Irritability			
Depression*			
Unloved feelings			
Anxiety			
Mood changes			
Sleeplessness			
Unusual tiredness			
Back ache			
Joint pain			
Muscle pain			
New facial hair			
Dry skin			
Crawling feeling under the skin			
Less sexual feelings			
Dry vagina			
Uncomfortable intercourse			
Urinary frequency			
TOTAL SCORE:			
A total score of 15 or over usually indicates estrogen deficiency. * If you are having depressive symptoms, ask your clinician about the Meno-D questionnaire			

Information on menopausal symptoms adapted from Australasian Menopause Society website www.menopause.org.au

List here any other symptoms not listed above that you have associated with menopause (e.g., brain fog, dry eyes, vulval itch

Please see here explanations for our questions.

	Question	Explanation. Feel free to ask your clinician more questions.
1	What is your age?	There are differing risks for Menopause Hormone Therapy, depending on your age. Your age also helps inform us what doses might be most suitable for you. People with early menopause are at in increased risk of heart and bone problems in the future.
2	When was your last normal menstrual period?	Menopause Hormone Therapy comes with continuous and cyclical options. Knowing the time since your last period allows us to discuss with you the most suitable options. Some Menopause Hormone Therapy options started less than 10 yrs after onset of menopause have protective effects for your heart.
3	If you have had a period in the last 12 months, are your periods regular?	Changes to your cycle length and missing periods can be a sign of perimenopause.
4	Have you had any bleeding other than your normal period?	Abnormal bleeding, such as bleeding between periods, bleeding with sex and bleeding more than 12 months after your last period often needs further investigation to find out the cause.
5	When was your last Cervical Screening Test (previously known as a Pap Smear)?	If you are due, we can arrange this for you.
6	Have you ever had an abnormal Cervical Screening Test?	Having an abnormal CST in the past may dictate when your next CST is due
7	Have you had any gynaecological surgery?	If you have had a hysterectomy, you will usually only need estrogen (and not progestogen) if you choose Menopause Hormone Therapy. However, the clinician will ask you more about this. Some people who have had their ovaries removed will need a higher dose of hormones. If you have endometriosis and have had a hysterectomy, you may need estrogen and progestogen if you choose Menopause Hormone Therapy. Estrogen-only Menopause Hormone Therapy may increase the risk of recurrence of endometriosis.
8	Do you have a current sexual partner?	Some people have a dry vagina with menopause which can affect comfort during sex. There are specific treatments available for this.
9	If you are sexually active, are you using anything for contraception?	You are still fertile in the perimenopause and within 1 – 2 years of your last period. Contraception at this time is essential if you are not planning a pregnancy. We can discuss contraceptive options with you.
10	Were any of your pregnancies preterm deliveries, stillborn or small for gestational age babies?	Studies are showing that having a baby < 37 weeks gestation, stillborn or small for gestational age slightly increases your risk of heart disease. Early commencement of Menopause Hormone Therapy may help to reduce this risk.
11	Are you currently using anything to treat menopausal symptoms? In the past, what treatments have you tried and how did you go with them?	There are many treatment options to treat menopausal symptoms. Your experience with previous treatments helps to guide that other options would be suitable for you.

12	Have you ever had /suffer from any of the following medical illnesses?	
	• Deep vein thrombosis (DVT) or Pulmonary embolus (PE)	Menopause Hormone Therapy could increase the risk of having another DVT. Your risk depends on what may have triggered your previous DVT. Menopause Hormone Therapy via patches or gels may still be an option. You may wish to discuss non-hormonal treatment options for menopausal symptoms.
	• Breast cancer or have a positive BRCA gene	Menopause Hormone Therapy could increase the risk of your breast cancer coming back. You may wish to discuss non-hormonal treatment options for menopausal symptoms.
	• Endometrial cancer	The safety of Menopause Hormone Therapy after endometrial cancer is not known. You may wish to discuss non-hormonal treatment options for menopausal symptoms. If you are considering Menopause Hormone Therapy we may need to involve your gynaecologist or oncologist.
	• Diabetes or gestational diabetes	In people with diabetes, the drop in estrogen levels during menopause may cause sugar levels to rise, and hot flushes can feel like hypos. You may need to check your blood glucose more frequently. Estrogel patches and gels are safe treatments for most diabetic people.
	• High blood pressure, high blood pressure in pregnancy, preeclampsia	People with high blood pressure can still usually take Menopause Hormone Therapy and it is safe to take blood pressure lowering medication with Menopause Hormone Therapy. Extra monitoring of blood pressure may be required. You may wish to discuss non-hormonal treatments for menopausal symptoms, as one of these options can also reduce blood pressure. For most people with risk factors for heart disease, early commencement of Menopause Hormone Therapy improves heart outcomes.
	• High cholesterol or high triglycerides	High cholesterol and high triglycerides are risk factors for heart disease. For most people with risk factors for heart disease, early commencement of Menopause Hormone Therapy improves heart outcomes, especially if using estrogen patches and gels.
	• Thyroid disease	If you take thyroxine, oral estrogen can decrease the amount of thyroxine in your blood stream. We recommend you have a blood test to check your thyroid levels about 6 weeks after starting estrogen and after any dose changes. Estrogen patches and gels will be the best option.
	• Heart disease (including angina) or peripheral vascular disease	If you have a history of coronary artery disease, Menopause Hormone Therapy may not be an option for you. You may wish to discuss non-hormonal treatments for menopausal symptoms. The presence of risk factors for heart disease is not a contra-indication to taking Menopause Hormone Therapy, but you may need further tests.
	• Stroke	After a stroke, or if you have risk factors for a stroke, you may not be able to take Menopause Hormone Therapy tablets, but other forms like patches, gels or vaginal preparations might be possible. You may wish to discuss non-hormonal treatments for menopausal symptoms.
	• Osteoporosis	The menopausal transition is associated with bone loss due to the drop in estrogen levels. There are various treatment options for osteoporosis, including Menopause Hormone Therapy.

	• Depression/anxiety/post-natal depression/pre-menstrual syndrome (PMS)/PMDD/ Insomnia	Having a history of depression, anxiety, post-natal depression, premenstrual syndrome (PMS) and insomnia increases the likelihood of depression, anxiety or insomnia around the time of menopause. Having a lowered mood also worsens hot flushes. A variety of hormonal and non-hormonal treatment options may be suitable for you. Where possible, continuous hormones are a better choice than cyclical hormones.
	• Recurrent Urinary Tract Infections (UTIs)	Vaginal and urinary changes occur in menopause, largely due to decreasing levels of estrogen. This can contribute to recurrent urinary tract infections. Various menopause treatments can help with your symptoms.
	• Liver disease or gall bladder disease	Hormones, particularly tablets, are broken down in the liver. Many medications cannot be taken in acute liver failure. However, most treatment options for menopause are appropriate if you have mild liver disease. Gall bladder disease may be made worse by estrogens but is less likely with estrogen patches and gels.
	• Polycystic ovarian syndrome	Most people with PCOS can safety take Menopause Hormone Therapy. Your options may depend on other risk factors for heart disease.
	• Epilepsy	Some antiepileptic medications can decrease levels of estrogen and progestogens. Estrogen can increase the risk of seizures in some people and decrease the levels of Lamotrigine. Progestogens can decrease the risk of seizures. Epilepsy also increases the risk of lower bone density and increases the chance of earlier menopause. Seizures may get worse in perimenopause. You may wish to try non-hormonal treatments for menopausal symptoms before trialling Menopausal Hormonal Therapy. If trialling Menopause Hormone Therapy, estrogen patches and gels will be the best option.
	• Migraines	Hormone fluctuations around the time of menopause can sometimes make migraines worse. Options for menopausal symptom treatment for migraine suffers include estrogen patches or gels, and antidepressants.
	• Fibroids	Uterine fibroids can cause heavier period bleeding and usually shrink after menopause. You may need further investigation if you have a history of fibroids or fibroids are suspected.
13	Do you have a family history of medical conditions?	Having a family history of stroke, heart disease, cancers, dementia and osteoporosis may pose some risks to you. Often Menopause Hormone Therapy does not put you at greater risks of developing these conditions despite having a positive family history. You may wish to discuss non-hormonal treatment options for menopausal symptoms, or which hormones have lower risks.
14	Are you on any prescribed medications including medicinal cannabis?	Some medications can reduce the effects of hormones or cause safety concerns when combined with other medications.
15	Do you have any allergies, or have you had bad side effects from medications?	This will help guide what treatment options are available for you.
16	Are you taking any over-the-counter medications or natural therapies?	Some over-the-counter medications can reduce the effects of hormones or cause safety concerns when combined with other medications.

17	Do you currently smoke, vape or use recreational drugs?	Nicotine increases blood pressure and heart rate. Smoking is a risk factor for cardiovascular disease and blood clots. Many of the toxins in cigarettes are also found in the vapor from e-cigarettes. Current or previous intravenous drug use can increase risks of blood born viruses. Estrogen patches and gels are safer options for smokers and people with liver disease.
18	Do you drink alcohol?	Drinking alcohol increases the risk of breast cancer and can cause damage to the liver. It can also decrease the strength of your bones. Estrogen patches and gels are safer options for people with liver disease.
19	Do you do regular exercise or physical activity?	Exercise is an important part of a healthy lifestyle and may improve some of the symptoms associated with menopause. It can also lower your blood pressure and cholesterol.
20	When was your last mammogram?	Menopause Hormone Therapy can increase breast density. If you are due for a screening mammogram, you may wish to organise this before starting Menopause Hormone Therapy.
21	Have you ever had a breast problem?	Menopause Hormone Therapy can cause breast soreness and lumpiness. It is important to know whether you have had breast problems if you are considering Menopause Hormone Therapy.
22	Have you had any screening for bowel cancer? (Faecal occult blood/stool test or colonoscopy)	This is a general screening question. National bowel cancer screening is available to people aged 45 -74.
23	Do you have any of the following risk factors for osteoporosis?	The menopausal transition is associated with bone loss due to the drop in estrogen levels. There are various treatment options which can help prevent osteoporosis, including Menopause Hormone Therapy.
24	Is there any other information that you believe would be useful to share with the clinic doctor?	
25. Menopause symptoms - If you are currently experiencing menopausal symptoms, completing a score sheet now gives us the opportunity to rescore your symptoms again 6-12 weeks after starting treatment or changes in dosing. Identifying your specific symptoms helps us to tailor your treatment.		