

Menopause Questionnaire

What is the Greene Climacteric Scale (GCS)?

The Greene Climacteric Scale (GCS) is a verified tool used by medical practitioners, to help identify where women are on their menopause journey.

It provides a brief measure of the menopause symptoms you are experiencing & when they are being experienced.

It can also be used to assess changes in different symptoms, before & after menopause treatment.

NB This questionnaire is for self-assessment purposes only.

Why use this scale?

It's useful to use the GCS score to assess your symptoms at a point in time & then to track how they change over time. This helps you to see how effective any treatment or interventions you have implemented are (holistic or pharmaceutical).

NB The score alone isn't used to diagnose whether you are in the menopause transition.

How does the scoring system work?

The GCS asks about your menopause symptoms & allocates points for different systems.

The symptoms fall into three main categories:

Scale	Sum of symptoms
Psychological	1-11
Physical (somatic)	12-18
Vasomotor	19, 20

The psychological scale can be further subdivided to give measures of:

- Anxiety - sum items 1-6
- Depression - sum items 7-11
- While symptom 21 is a probe for sexual dysfunction.

Studies have shown that women who score over 12 on the GCS are more likely to be menopausal - however, it is possible to score lower than this & still be menopausal.

Many of the symptoms listed on the GCS are not specific to menopause - so it is possible to score more than 1 & not yet be in the menopause transition.

Therefore, it is worth noting that the score does not indicate whether you need treatment or not either.

For example, you could have a low score because you are only experiencing night sweats. But if those night sweats are meaning that you don't sleep & your ability to function the next day is affected, you should talk to your doctor about treatment.

So, while there are limitations to the GCS, it is a good tool to use to understand the symptoms you are experiencing at a point in time.

Am I menopausal?

The following Menopause Questionnaire will help you identify whether & where you are in the menopause transition, based on the responses you give.

Save your results & track the changes in your symptoms over time.

[Disclosure:

While this questionnaire is a wonderful tool, it's not a substitute for professional medical advice, diagnosis or treatment. Please speak to your GP or medical practitioner if you have any concerns, questions or queries about any of your answers.

If you think you may need medical attention, please call your doctor or 111. Dial 999 in an emergency.]

Menopausal Questionnaire

Bleeding & Periods:

The first question is about your periods & bleeding patterns, which will help assess where you are in your menopause journey.

You might find that more than one category reflects your situation. Just pick the one that seems to fit best.

Do you still have periods/are you bleeding? (Please select which one of the following best applies to you.)	
<input type="checkbox"/>	Yes - my periods are regular or have not changed from how they've always been
<input type="checkbox"/>	Yes - but my periods have changed or have become more irregular. I have had a period within the past 12 months
<input type="checkbox"/>	Yes - I am taking HRT or hormones (for example, contraceptives) that give a regular bleed
<input type="checkbox"/>	No - my periods just stopped
<input type="checkbox"/>	No - I am taking HRT or hormones that stopped my bleeding (including oral contraception, the hormone coil, implant or injection) or I have had a hysterectomy and am taking HRT
<input type="checkbox"/>	No - I am taking other medication to stop periods
<input type="checkbox"/>	No - I have had a hysterectomy, or endometrial ablation (where the lining of the womb is fully or partially destroyed)
<input type="checkbox"/>	No - I have had my ovaries removed (with or without hysterectomy)
<input type="checkbox"/>	No - My periods stopped after cancer treatment

Please note: during the peri-menopause phase, it is common for periods to become irregular.

However, periods that become very heavy, or bleeding or spotting in between periods, or bleeding after sex can be a sign that something is 'not right' & I recommend that you discuss this with your doctor.

Please also see your doctor if you are bleeding on a 'no bleed' HRT prescription.

Symptoms:

In this section, you will be asked about a number of menopause symptoms.

Most of the symptoms listed are from the Greene Climacteric Scale (GCS) – which is a scale intended specifically to be a brief & standard measure of core climacteric (menopausal) symptoms. It is widely used by practitioners.

The GCS helps you understand your symptoms by giving you a score. It can be useful to use the score to assess the changes in different symptoms, before & after your menopause treatment to help see the improvements. The score alone isn't used to diagnose whether you are in the menopause transition.

The symptoms don't all happen at the same time during the menopause transition, so the scale just gives a snapshot of how things are for you at the moment. This is another reason why it can be useful to repeat the questionnaire after 6-12-months (or sooner if you feel that your symptoms are changing more quickly).

You will also see that not all of the symptoms listed are specific to menopause, which means that you can have some of the symptoms without being in the peri-to-post-menopause transition.

However, if these symptoms have only occurred recently or have recently got worse, it could be a good indicator that you're heading towards menopause.

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 lot 2	Extremely 3	
Does your heart beat quickly or strongly?					
Are you feeling tense or nervous?					
Do you have difficulty sleeping?					
Are you 'excitable'?					
Do you have attacks of panic or anxiety?					
Do you have difficulty concentrating?					
Are you feeling tired & lacking in energy?					
Have you lost interest in most things?					
Are you feeling unhappy or depressed?					
Are you experiencing crying spells?					
Are you more irritable?					
Have you been feeling dizzy or faint?					
Do you experience pressure or tightness in your head?					
Have you noticed that parts of your body feel numb?					
Are you experiencing headaches?					
Do you have muscle aches & joint pains?					
Have you notice a loss of feeling in your hands or feet?					
Are you experiencing breathing difficulties?					
Do you have hot flushes?					
Do you have night sweats?					
Have you lost interest in sex?					
Score					Total:

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

That's your symptoms from the Greene Climacteric Scale (GCS) finished.

The following symptoms can also be related to menopause but are not included in the GCS:

Symptoms	Not at all 0	A little 1	Quite a lot 2	Extremely 3	
Do you have vaginal dryness?					
Do you have bladder leakage or incontinence?					
Are you experiencing brain fog?					
Do you have issues with memory?					
How much have your symptoms impacted on your quality of life?					
Score					Total:

Of all of the symptoms that you are experiencing, which three are impacting your life the most?

Choose up to three from the options bellow:

<input type="checkbox"/>	Heart beating quickly or strongly
<input type="checkbox"/>	Tense or nervous
<input type="checkbox"/>	Difficulty sleeping
<input type="checkbox"/>	Attacks of anxiety or panic
<input type="checkbox"/>	Difficulty in concentrating
<input type="checkbox"/>	Tired and lacking in energy
<input type="checkbox"/>	Lost interest in most things
<input type="checkbox"/>	Unhappy or depressed
<input type="checkbox"/>	More irritable
<input type="checkbox"/>	Pressure or tightness in my head
<input type="checkbox"/>	Headaches
<input type="checkbox"/>	Muscle aches and joint pains
<input type="checkbox"/>	Hot flushes
<input type="checkbox"/>	Night sweats
<input type="checkbox"/>	Lost interest in sex
<input type="checkbox"/>	Vaginal dryness
<input type="checkbox"/>	Bladder leakage or incontinence
<input type="checkbox"/>	Brain fog
<input type="checkbox"/>	Issues with memory

What single word would you use to describe your feelings about menopause?

--

Would you describe that feeling as:

<input type="checkbox"/>	Positive	<input type="checkbox"/>	Negative
--------------------------	----------	--------------------------	----------

[Disclosure:

While this questionnaire is a wonderful tool, it's not a substitute for professional medical advice, diagnosis or treatment. Please speak to your GP or medical practitioner if you have any concerns, questions or queries about any of your answers.

If you think you may need medical attention, please call your doctor or 111. Dial 999 in an emergency.]