Calgary Well Woman Clinic - Menopause Questionnaire

Name:________________________________ Date:___________________

Date of birth:___________________________

Medical history (circle yes or no):

Blood clots	Yes / No	Liver disease	Yes / No
Cancer_____________	Yes / No	Migraines	Yes / No
Depression/anxiety	Yes / No	Osteoporosis	Yes / No
Heart disease	Yes / No	Stroke	Yes / No
High blood pressure	Yes / No	Uterus/ovaries removed	Yes / No

Other: ____

Family history (check all that apply):

- ☐ Blood clots
- ☐ Osteoporosis
- ☐ Cancer_________________
- ☐ Heart disease
- ☐ Stroke
- ☐ Other:__________________

Medications:

____
____
____

Allergies:

____
____
____

Social history:

Smoking/vaping:	☐ Never	☐ In the past	☐ Current use
Alcohol:	☐ Never	☐ In the past	☐ Current use
Recreational drugs:	☐ Never	☐ In the past	☐ Current use

Sexual history:

Have you been sexually active in the last year?	☐ Yes	☐ No
Do you require contraception or want to discuss options?	☐ Yes	☐ No

Obstetric history: Total number of pregnancies you've had:__________

# of births: _____ # of miscarriages_____ # of abortions_____ # of tubal pregnancies_____

Menstrual history:

When was your last period?_________________________________

If you are still having a period, do you have any concerns with it? (Check all that apply)

- ☐ Too heavy
- ☐ Prolonged flow
- ☐ Random bleeding or spotting
- ☐ Irregular or frequent periods
- ☐ Other ____________________

Please indicate how bothered you are by these symptoms currently:

	Not at all	A little bit	Quite a bit	Extremely
Hot flashes or night sweats	☐	☐	☐	☐
Difficulty falling or staying asleep	☐	☐	☐	☐
Fatigue or low energy	☐	☐	☐	☐
Difficulty with concentration or memory	☐	☐	☐	☐
Mood changes (irritable, depressed, anxious…)	☐	☐	☐	☐
Headaches or migraines	☐	☐	☐	☐
Urinary symptoms (leaking, more urgency, more frequency, pain with urinating…)	☐	☐	☐	☐
Vaginal symptoms (dryness, itching, discharge changes, odour changes…)	☐	☐	☐	☐
Pain with intercourse	☐	☐	☐	☐
Low sexual desire or difficulty with orgasm	☐	☐	☐	☐
Breast tenderness	☐	☐	☐	☐