**Modified Greene Climacteric Scale**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Over the last month, to what extent are you experiencing the following symptoms:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Symptoms** | **Not at all (0)** | **Occasionally (1)** | **Frequently (2)** | **Comment** |
| **Awareness of heart beat/palpitations** |  |  |  |  |
| **Feeling tense/nervous** |  |  |  |  |
| **Sleep difficulties** |  |  |  |  |
| **Excitability** |  |  |  |  |
| **Anxiety/panic attacks** |  |  |  |  |
| **Difficulty concentrating/memory issues** |  |  |  |  |
| **Fatigue/lack of energy** |  |  |  |  |
| **Loss of enjoyment/interest in things** |  |  |  |  |
| **Feeling depressed or unhappy** |  |  |  |  |
| **Frequent crying** |  |  |  |  |
| **Irritability / low mood** |  |  |  |  |
| **Dizziness / feeling faint** |  |  |  |  |
| **Pressure / tightness in the head** |  |  |  |  |
| **Parts of the body feeling numb (eg: hands and feet)** |  |  |  |  |
| **Headaches** |  |  |  |  |
| **Muscle / joint pains** |  |  |  |  |
| **Hot flushes** |  |  |  |  |
| **Night sweats** |  |  |  |  |
| **Loss of interest in or painful sex** |  |  |  |  |
| **Dry vagina** |  |  |  |  |
| **Muscle twitches/sensation of skin crawling** |  |  |  |  |
| **SCORE** |  |  |  |  |

What effect are your symptoms having on your quality of life?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your symptoms were continue as they are now for some time to come, how would you feel about that?

* Pleased
* Mostly satisfied
* Mixed - equally satisfied / dissatisfied
* Mostly dissatisfied
* Quite unhappy