

Patient Name:

Date of Birth:

Date:

Symptoms (Please tick a box for each)	Not at all 0	A little 1	Quite a bit 2	Extremely 3	Comments
Heart beating quickly or strongly					
Feeling tense or nervous					
Difficulty in sleeping					
Excitable					
Attacks of anxiety, panic					
Feeling tired or lacking in energy					
Loss of interest in most things					
Feeling unhappy or depressed					
Crying spells					
Irritability					
Difficulty concentrating / brain fog					
Feeling dizzy or faint					
Pressure or tightness in the head					
Parts of the body feel numb					
Headaches					
Muscle and joint pains					
Loss of feeling in the hands or feet					
Breathing difficulties					
Hot flushes					
Sweating at night					
Loss of interest in sex					
Urinary symptoms					
Soreness of vulva or vagina					
Other symptoms					
<b>SCORE</b>					

Are you still having periods?

If no, when was your last period?

If yes:

- How long do you bleed for, and is it heavy or painful?
- Are your periods regular, and what is the length of time between bleeds?
- Are you using contraception, or do you have a Mirena Coil?