

# Am I Going Through Menopause?

Read the sentences below and check “yes” for the ones that apply to you. Check “no” for the ones that do not apply to you.

## Changes in your Period:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| ➤ Sometimes my cycle is shorter than usual   | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ I occasionally bleed between my periods    | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ I’m having my period a lot more than usual | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ I’m hardly having periods                  | <input type="checkbox"/> | <input type="checkbox"/> |

## Hot Flashes:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| ➤ I suddenly begin to sweat                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ My face becomes very red and hot                          | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ I wake up in the middle of the night drenched in sweat    | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Hot drinks and alcohol make me very hot and uncomfortable | <input type="checkbox"/> | <input type="checkbox"/> |

## Dryness:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| ➤ Sex is sometimes painful and dry                       | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ I have vaginal itching and irritation but no infection | <input type="checkbox"/> | <input type="checkbox"/> |

## Bladder Problems:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| ➤ I always feel like I have to urinate, even if I don’t | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ I leak urine when I sneeze or cough                   | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ The need to urinate wakes me from my sleep            | <input type="checkbox"/> | <input type="checkbox"/> |

## Mood Swings:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| ➤ I feel so old                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ I can’t catch up on my sleep; I’m always tired | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ I’m cranky and little things annoy me          | <input type="checkbox"/> | <input type="checkbox"/> |
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