

## WFHP Menopause and HRT patient questionnaire

Please complete the questionnaire below and either return it to the surgery by photographing your responses and submitting via the link in the text message or posting it to us, ready for your discussion in your appointment. At the bottom of the questionnaire please find some useful links and resources on HRT and the menopause – they will give you some clear information on the risks and benefits of taking HRT that can be useful to understand before our consultation.

Name:

Age:

Date of last period:

Any irregular bleeding (bleeding in between periods) or bleeding after sex: YES [ ] NO [ ]

Date of last smear (if known):

Date of last mammogram (if known):

### Symptoms

Please tick which apply and rate how problematic they are to you:

Symptom	Not a problem	A little	Troublesome	Distressing	Comments
Hot flushes/sweats					
Sleep disturbances					
Vaginal dryness					
Bladder symptoms					
Lack of sex drive					
Mood disturbances					
Brain fog/concentration difficulties					
Any other symptoms – please specify					

