

## 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  |               |          |             |             |          |

### Previous Treatments

Have you tried anything before for menopausal symptoms and if so, what have you used:

## Medical history

|                                     | Your diagnosis | Family history | Comments |
|-------------------------------------|----------------|----------------|----------|
| Breast cancer                       |                |                |          |
| Heart disease                       |                |                |          |
| Stroke                              |                |                |          |
| High blood pressure                 |                |                |          |
| Blood clot in leg or lungs (DVT/PE) |                |                |          |
| Diabetes                            |                |                |          |
| Liver/gallbladder disease           |                |                |          |
| Hip/wrist fracture or osteoporosis  |                |                |          |

**In order to complete your assessment we need to have a record of the following measurements. If you are able to provide any details before your consultation (e.g. have access to a blood pressure monitor at home) it may mean that you do not need an additional appointment with one of our nurses:**

Alcohol units/week: (<https://www.nhs.uk/live-well/alcohol-support/calculating-alcohol-units/>):

## Useful links

General information: <https://www.menopausematters.co.uk>

Hot flushes: <https://www.womens-health-concern.org/wp-content/uploads/2020/12/02-WHC-FACTSHEET-01-CBT-WOMEN-DEC2020.pdf>

Help with controlling symptoms: <https://www.managemymenopause.co.uk/>

Breast examination: <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/03/159-Keep-Yourself-Healthy-A-Guide-To-Examining-Your-Breasts-Easy-Read.pdf>