We are interested in knowing whether you have had any of the following problems during the **PAST FOUR WEEKS**. Please mark the number which best describes how much each problem bothered you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROBLEM** | **Not at all** | **Slightly** | **Moderately** | **Quite a bit** | **Extremely** |
| C1 | Difficulty concentrating | 0 | 1 | 2 | 3 | 4 |
| C2 | Easily distracted | 0 | 1 | 2 | 3 | 4 |
| C3 | Forgetfulness | 0 | 1 | 2 | 3 | 4 |
| M1 | Joint pain | 0 | 1 | 2 | 3 | 4 |
| M2 | Muscle stiffness | 0 | 1 | 2 | 3 | 4 |
| M3 | General aches and pains | 0 | 1 | 2 | 3 | 4 |
| V1 | Night sweats | 0 | 1 | 2 | 3 | 4 |
| V2 | Hot flashes | 0 | 1 | 2 | 3 | 4 |
| V3 | Cold sweats | 0 | 1 | 2 | 3 | 4 |
| Ga1 | Vomiting | 0 | 1 | 2 | 3 | 4 |
| Ga2 | Nausea | 0 | 1 | 2 | 3 | 4 |
| Ga3 | Diarrhea | 0 | 1 | 2 | 3 | 4 |
| D1 | Vaginal dryness | 0 | 1 | 2 | 3 | 4 |
| D2 | Pain with intercourse | 0 | 1 | 2 | 3 | 4 |
| W1 | Weight gain | 0 | 1 | 2 | 3 | 4 |
| W2 | Unhappy with the appearance of my body | 0 | 1 | 2 | 3 | 4 |
| Gy1 | Vaginal discharge | 0 | 1 | 2 | 3 | 4 |
| Gy2 | Genital itching/irritation | 0 | 1 | 2 | 3 | 4 |
| Gy3 | Vaginal bleeding or spotting | 0 | 1 | 2 | 3 | 4 |
| B1 | Difficulty with bladder control (when laughing or crying) | 0 | 1 | 2 | 3 | 4 |
| B2 | Difficulty with bladder control (at other times) | 0 | 1 | 2 | 3 | 4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROBLEM** | **Not at all** | **Slightly** | **Moderately** | **Quite a bit** | **Extremely** |
| P1 | Headaches | 0 | 1 | 2 | 3 | 4 |
| P2 | Blind spots, fuzzy vision | 0 | 1 | 2 | 3 | 4 |
| P3 | Breast sensitivity/tenderness | 0 | 1 | 2 | 3 | 4 |
| P4 | Weight loss | 0 | 1 | 2 | 3 | 4 |
| P5 | Decreased appetite | 0 | 1 | 2 | 3 | 4 |
| P6 | Abdominal pain | 0 | 1 | 2 | 3 | 4 |
| P7 | Pain or cramps in the legs or feet | 0 | 1 | 2 | 3 | 4 |
| P8 | Back pain or problems | 0 | 1 | 2 | 3 | 4 |
| P9 | Low energy | 0 | 1 | 2 | 3 | 4 |
|  | Any other problems? | Please Specify: |