The Greene Climateric Scale

Symptom	Not at all 0	A little 1	Quite a bit 2	Extremely 3
Heart beating quickly or strongly:				
Feeling tense or nervous				
Difficulty in sleeping				
Excitable				
Attacks of anxiety, panic:				
Difficulty in concentrating:				
Feeling tired or lacking in energy				
Loss of interest in most things				
Feeling unhappy or depressed				
Crying spells				
Irritability				
Feeling dizzy or faint				
Pressure or tightness in head				
Parts of body feeling numb				
Headaches:				
Muscle and joint pains				
Loss of feeling in hands or feet				
Breathing difficulties:				
Hot flushes:				
Sweating at night				
Loss of interest in sex:		+		
Score				

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The Greene climacteric scale is a a verified measurement tool used by practitioners worldwide. It is a useful tool as it allows you to assess your symptoms, and to be able to track them over time.

A score of 12 or over, is usually indicative of menopause.
However, it is possible to score lower than this and still be menopausal.

The score does not indicate whether you need treatment- the tolerance, severity and ability to cope with symptoms is very individual and this is generally what forms the decision around treatment options.

It is also important so your be aware that many of the symptoms are not only linked to the menopause, your GP may need to investigate further to establish the cause.

Generally, if you are over 45 and experiencing symptoms, tests are not needed to for a diagnosis of menopause, or perimenopause. A blood test checking FSH levels can be highly inaccurate, as day-to-day hormone levels can fluctuate dramatically.

Doing a blood test to measure blood count, ferritin and/or a TSH level can be useful in ruling out other causes.

It can be beneficial to speak to your GP if:
you have menopausal symptoms that are troubling you
you're experiencing symptoms of the menopause before 45 years of age.

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Menopause Questionaire

Menopause Symptom Questionnaire

This questionnaire is useful to record any symptoms you may be experiencing for further discussion with your health professional.
Please put the score (0 – 5) that best describes your symptoms in the 'your score' column.

0 Not at all 1 Rarely 2 Less than half the time 3About half the time 4 More than half the time
5 Always

Psychological and Emotional symptoms: Over the past 3 months have you noticed any changes in your mood, being more irritable or anxious, changes to your confidence or memory? 0 1 2 3 4 5

Vulva/vaginal symptoms: over the last 6 months, have you experienced any irritation, dryness or soreness or discharge in the vulva (outside part of female genitals) or vagina? 0 1 2 3 4 5

Urinary symptoms: Has there been a change in the way you urinate (pass water) to more frequent or more urgently? 0 1 2 3 4 5

Symptoms around sex: Has intercourse (having sex) or smear tests been more painful or caused any bleeding? 0 1 2 3 4 5

Physiological Symptoms: Have you experienced any of the following symptoms in the last 3 months: Palpitations- or your heart racing fast, sweats, flushing, night sweats, unable to sleep, headaches joint pains, tiredness or stomach bloating 0 1 2 3 4 5

Bleeding or Period symptoms: Have you experienced changes to your bleeding pattern with spotting, irregular, heavy or missed periods 0 1 2 3 4 5

Total menopause symptom score:

(0–6 mild, 7–18 moderate, 19–30 severe symptoms)

Finally, These symptom are affecting me:
0 Never 1 Rarely 2 Sometimes 3Often 4Always

Ability to work 0 1 2 3 4

Relationships 0 1 2 3 4

Enjoyment of Life 0 1 2 3 4

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