

Menopause Discussion Guide

Print, complete and bring this discussion guide to your next medical visit.

ASSESS YOUR SYMPTOMS

Select an answer for each question below.

	NOT AT ALL	A LITTLE	MODERATELY	VERY OFTEN	ALWAYS
How often do you experience hot flashes?					
Are hot flashes getting in the way of your daily routine?					
How often do you experience hot flashes during the night?					
Do you have trouble sleeping due to hot flashes?					
If you are sexually active, is sex ever painful?					
Do you experience vaginal symptoms such as dryness, itching or burning?					

QUESTIONS FOR YOU

Please answer each question.

What medications are you currently taking? _____

What supplements are you currently taking? _____

How long has it been since your last period? _____

Do you have any health conditions that you're already being treated for? _____

How old are you? _____

QUESTIONS FOR YOUR HEALTHCARE PROFESSIONAL

What are the different treatment options?

What are the different prescription treatments?

How long would I need to use a prescription treatment?

Once I start using a prescription treatment, when will my symptoms go away?

Use this space to write down other questions you may have or to take notes:
