Doctor Visit Checklist

Mark what you have experienced recently and bring this page to your appointment. · Perify

My MRS score: _____ / 44 (free calculator: perify.app/mrs-calculator · Menopause Rating Scale, Heinemann et al., 2004)

SLEEP

- ☐ Insomnia
- ☐ Night waking
- ☐ Early waking

MOOD

- ☐ Low mood
- ☐ Irritability
- ☐ Anxiety
- ☐ Mood swings
- ☐ Anger

COGNITIVE

- ☐ Brain fog
- ☐ Memory lapses
- ☐ Poor concentration

HOT FLASHES & SWEATS

- ☐ Hot flashes
- ☐ Night sweats
- ☐ Chills

BODY

- ☐ Fatigue
- ☐ Joint pain
- ☐ Muscle aches
- ☐ Headache
- ☐ Palpitations
- ☐ Dizziness
- ☐ Weight gain
- ☐ Bloating
- ☐ Breast tenderness
- ☐ Dry skin
- ☐ Hair thinning

INTIMACY & BLADDER

- ☐ Low libido
- ☐ Vaginal dryness
- ☐ Urinary urgency
- ☐ Painful sex

CYCLE

- ☐ Heavy bleeding
- ☐ Irregular bleeding
- ☐ Spotting
- ☐ Cramps

QUESTIONS TO ASK

1. Could my symptoms be related to perimenopause?
2. Which of my symptoms would you want to track or investigate further?
3. Given my age and history, what options are appropriate to discuss?
4. How can we tell hormonal effects apart from other conditions?
5. When should I come back, and what should I track before then?