

The Menopause-specific Quality of Life (MENQOL) Questionnaire.

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The Menopause-Specific Quality of Life Questionnaire

For each of the following items, indicate whether you have experienced the problem in the **PAST MONTH**. If you have, rate how much you have been **bothered** by the problem.

				Not at all bothered	0	1	2	3	4	5	6	Extremely bothered
1.	HOT FLUSHES OR FLASHES	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
2.	NIGHT SWEATS	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
3.	SWEATING	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
4.	BEING DISSATISFIED WITH MY PERSONAL LIFE	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
5.	FEELING ANXIOUS OR NERVOUS	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
6.	EXPERIENCING POOR MEMORY	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
7.	ACCOMPLISHING LESS THAN I USED TO	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
8.	FEELING DEPRESSED, DOWN OR BLUE	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
9.	BEING IMPATIENT WITH OTHER PEOPLE	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
10.	FEELINGS OF WANTING TO BE ALONE	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
11.	FLATULENCE (WIND) OR GAS PAINS	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
12.	ACHING IN MUSCLES AND JOINTS	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
13.	FEELING TIRED OR WORN OUT	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
14.	DIFFICULTY SLEEPING	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
15.	ACHES IN BACK OF NECK OR HEAD	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
16.	DECREASE IN PHYSICAL STRENGTH	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
17.	DECREASE IN STAMINA	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
18.	FEELING A LACK OF ENERGY	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
19.	DRYING SKIN	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
20.	WEIGHT GAIN	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
21.	INCREASED FACIAL HAIR	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
22.	CHANGES IN APPEARANCE, TEXTURE, OR TONE OF YOUR SKIN	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
23.	FEELING BLOATED	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
24.	LOW BACKACHE	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
25.	FREQUENT URINATION	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
26.	INVOLUNTARY URINATION WHEN LAUGHING OR COUGHING	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
27.	CHANGE IN YOUR SEXUAL DESIRE	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
28.	VAGINAL DRYNESS DURING INTERCOURSE	☐ No	☐ Yes	→	0	1	2	3	4	5	6	
29.	AVOIDING INTIMACY	☐ No	☐ Yes	→	0	1	2	3	4	5	6	