Dr. med Harry Tschebiner
Gynäkologie | Prävention | Ästhetik

Dear Patient,

in order to be able to help you with your request, I ask you to fill out this form, print it out, answer the following questions and bring it with you.

"No need to be afraid of the menopause!"

MENOPAUSE-QUESTIONAIRE						
Name:						
Date of birth:						
How old are you?	____	**Last visit at your Gyn?**	_____			
Last menstrual bleeding (month/year)?			_____			
Since when do you have complaints?			_____			
Which kind of symptoms do you have now, which you did not have 5 years ago?			**Severity 1-10**			
			A	**B**	**C**	**D**	**E**
1. Hot flushes, Sweats							
2. Sleeping disorders (falling asleep / waking up)							
3. Mood swings, Depression, Anxiety							
4. Restlessness, Irritability							
5. Heart palpitations							
6. Exhaustion (physically / mentally)							
7. Libido Dysorder (Lack of sexual desire)							
8. Muscle- and Joint problems							
9. Dry vaginal mucosa							
10.							
Date:						

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