

VMS ASSESSMENT TOOL

Patient Name _____

Date of Birth _____

Last Menstrual Period >12 months ago <12 months ago

Use this form to assess the severity of your VMS and its current impact on your life

Vasomotor symptoms (VMS) associated with menopause, commonly referred to as hot flashes and night sweats, can happen to women during the menopausal transition. Hot flashes are sudden and intense sensations of heat, typically starting in the chest and rising upward. They usually last about 1 to 5 minutes. Episodes of VMS can be accompanied by sweating, chills, anxiety, and rapid heartbeat. Night sweats are hot flashes that happen while you're sleeping.

Please indicate the extent to which you are affected by any of the following symptoms by placing a tick in the appropriate box:

Do you experience these symptoms?

Hot flashes Yes No I'm not sure How many times per 24 hours? _____

Night sweats Yes No I'm not sure How many times per 24 hours? _____

How long ago did you start to experience hot flashes and night sweats? _____

My hot flashes/night sweats are accompanied by	Never	Some of the time	Most of the time	All of the time
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Rapid heartbeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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My menopause-related symptoms cause me to	Never	Some of the time	Most of the time	All of the time
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Stop what I'm doing (working, socializing, leisure activities, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Wake up while sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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My menopause-related symptoms make me	Never	Some of the time	Most of the time	All of the time
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Feel anxious or nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Feel depressed, down, or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Feel negative about my relationship with my spouse or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Feel tired or worn out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Have difficulty sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Less energetic when doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Avoid intimacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Is there anything else you would like to discuss about hot flashes/night sweats today?

