

Greene Climacteric Scale

Please tick if you experiencing any of the following symptoms

Please indicate the extent to which you are bothered at the moment by any of these symptoms by placing a tick in the appropriate box.

SYMPTOMS	Not at all	A little	Quite a bit	Extremely	Score 0-3
1. Heart beating quickly or strongly					
2. Feeling tense or nervous					
3. Difficulty in sleeping					
4. Excitable					
5. Attacks of panic					
6. Difficulty in concentrating					
7. Feeling tired or lacking in energy					
8. Loss of interest in most things					
9. Feeling unhappy or depressed					
10. Crying Spells					
11. Irritability					
12. Feeling dizzy or faint					
13. Pressure or tightness in head or body					
14. Parts of the body feel numb or tingling					
15. Headaches					
16. Muscle and joint pains					
17. Loss of feeling in hands or feet					
18. Breathing difficulties					
19. Hot Flushes					
20. Sweating at night					
21. Loss of interest in sex					
22. Vaginal soreness/dryness					
23. Increased urinary tract symptoms infection					
24. Discomfort on intercourse					

P (1 - 11) = A (1 - 6) =

S (12 - 18) = D (7 - 11) =

V (19 - 20) = S (21) =