Allegheny Medical

Modified Green Climacteric Scale

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please indicate the extent to which you are bothered by any of the follow symptoms by placing a check in the appropriate box.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SYMPTOMS** | **NOT AT ALL** **0** | **A LITTLE****1** | **QUITE A BIT****2** | **EXTREMELY****3** | **SCORE** |
| Heart Racing/palpitations |  |  |  |  |  |
| Feeling tense or nervous |  |  |  |  |  |
| Difficulty sleeping |  |  |  |  |  |
| Excitable/anxious |  |  |  |  |  |
| Panic attacks |  |  |  |  |  |
| Difficulty concentrating |  |  |  |  |  |
| Feeling tired/lack of energy |  |  |  |  |  |
| Loss of interest in things |  |  |  |  |  |
| Feeling unhappy/sad |  |  |  |  |  |
| Crying spells |  |  |  |  |  |
| Irritability |  |  |  |  |  |
| Feeling dizzy/lightheaded |  |  |  |  |  |
| Headaches new or worse |  |  |  |  |  |
| Parts of body feel numb/tingling |  |  |  |  |  |
| Muscle/joint pain |  |  |  |  |  |
| Hot flashes/flushesTemperature irregularities  |  |  |  |  |  |
| Night sweats |  |  |  |  |  |
| Loss of interest in sex |  |  |  |  |  |
| Dry vagina |  |  |  |  |  |
| Uncomfortable intercourse |  |  |  |  |  |
| Unloved feelings |  |  |  |  |  |
| Mood changes |  |  |  |  |  |
| Unwanted hair/thinning hair |  |  |  |  |  |
| Dry/itchy/crawling feeling of skin |  |  |  |  |  |