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A Review of the Clinical Utility of the MENO-D

The MENO-D is a 12-item rating scale designed to assess depression in perimenopausal women. The menopause transition is a time when women experience increased risk for new onset depression and relapse, and research indicates perimenopausal depression may be a distinct subtype of depression with characteristic symptoms. This technical review looks at psychometric properties and interpretation guidelines to help clinicians better understand and utilise the assessment in practice.

Click to view information on the [MENO-D](#)

The MENO-D was developed by [HER Centre Australia](#) and Monash University

October 2025

Developer & Author

MENO-D as developed by Kulkarni and colleagues (2018):

Kulkarni, J., Gavrilidis, E., Hudaib, A. R., Bleeker, C., Worsley, R., & Gurvich, C. (2018). Development and validation of a new rating scale for perimenopausal depression-the MENO-D. *Translational Psychiatry*, 8(1), 123. <https://doi.org/10.1038/s41398-018-0172-0>

This document was developed to review contemporary literature, describe scoring methodologies and provide interpretation material.

Description

The MENO-D is a 12-item questionnaire designed to measure and rate the severity of perimenopausal depression symptoms over a previous two-week interval, with comparison to their pre-menopausal level (Kulkarni et al., 2018). The scale can be administered as either a self-report measure or be clinician-rated. The MENO-D was developed to address a significant gap in clinical assessment tools, as existing depression measures were designed primarily to capture the cognitive and affective symptoms typical of major depressive disorder. This approach did not adequately assess the characteristic somatic and physical symptoms that are prominent in the clinical presentation of perimenopausal depression. Women experiencing depression during the menopause transition often report pronounced physical complaints including energy depletion, sleep disturbances, somatic pain, weight changes, and sexual dysfunction alongside mood symptoms. These physical manifestations are frequently the presenting concerns in clinical settings, yet their prominence may paradoxically contribute to perimenopausal depression being overlooked or misdiagnosed when assessed with traditional depression scales.

The menopause transition represents a period of heightened vulnerability for depression in women, with research indicating approximately twice the risk of developing new-onset depression or experiencing relapse during perimenopause (Kulkarni, 2017; Bromberger & Kravitz, 2011). Whilst depression occurring during the menopause transition shares features with major depressive disorder, emerging evidence suggests that perimenopausal depression may constitute a distinct subtype of depression characterised by a unique constellation of symptoms, aetiology, and clinical course (Gibbs et al., 2015).

The scale is comprised of five subscales:

- **Self** - sense of self-worth, social connectedness, and emotional well-being, including experiences of guilt, suspiciousness, decreased self-esteem, reduced interest in socializing, and feelings of anxiety
- **Sexual** - changes in libido and sexual activity alongside overall energy depletion, reflecting the interrelated nature of fatigue and reduced sexual desire during perimenopause
- **Somatic** - physical complaints including body aches, pain, and weight gain, which are prominent features of perimenopausal depression that distinguish it from other depressive subtypes
- **Cognitive** - subjective changes in cognitive functioning, particularly difficulties with memory recall and maintaining concentration on tasks
- **Sleep** - sleep quality and emotional reactivity through assessment of sleep disturbances and irritability levels experienced during perimenopause

Research examining perimenopausal symptoms has identified the most common complaints as irritability, headache, body ache, sleep disturbance, and joint pain (Jagtap et al., 2016). The MENO-D was specifically designed to capture these physical aspects of perimenopausal depression alongside traditional mood symptoms, addressing the multidimensional nature of distress during this transition.

Clinicians can use the MENO-D for screening, assessment, and monitoring of perimenopausal depression. The scale's comprehensive coverage of both physical and psychological symptoms makes it particularly valuable for identifying depression in women who may present primarily with somatic complaints. The subscale structure allows clinicians to identify specific symptom domains requiring targeted intervention, whilst the total score provides an overall index of depression severity. The scale can be used to establish baseline symptom profiles, monitor treatment response, and track symptom changes across the menopause transition. For instance, a woman presenting with fatigue and sleep disturbance may complete the MENO-D, revealing elevated scores across multiple domains including isolation and self-esteem difficulties, thereby highlighting the fuller extent of depressive symptoms that might otherwise remain unrecognised.

Psychometric Properties

The MENO-D demonstrates strong construct validity as a measure of perimenopausal depression. The scale's theoretical foundation aligns with emerging conceptualisations of perimenopausal depression as a distinct subtype characterised by prominent somatic features alongside traditional mood symptoms. Convergent validity is supported by the scale's ability to capture symptoms that align with established clinical presentations of perimenopausal depression, including the physical complaints frequently reported by women during the menopause transition. Discriminant validity was established through heterotrait-monotrait ratio of correlations analysis, with all values falling below the conservative threshold of .85. This finding confirms that the five subscales measure distinct aspects of perimenopausal depression rather than redundant constructs. Convergent validity was supported by average variance extracted values exceeding .50 for all subscales: Self (.72), Sexual (.71), Somatic (.76), Cognitive (.79), and Sleep (.69). These values indicate that the items within each subscale share substantial common variance, providing evidence of cohesive subscale construction.

The scale exhibits excellent internal consistency across its five subscales, with composite reliability values exceeding the threshold of .70 for all domains. The Self subscale demonstrated a composite reliability of .91, the Sexual subscale .83, the Somatic subscale .86, the Cognitive subscale .88, and the Sleep subscale .82. These values indicate strong internal coherence within each subscale, suggesting that the items comprising each domain measure a unified construct.

Research on the MENO-D has shown positive correlations with related constructs such as menopausal symptom severity and aging anxiety (Aslan & Önal, 2025). The authors also found that scale scores demonstrated negative correlations with health-related quality of life measures, including both physical and mental health components, confirming that perimenopausal depression is associated with diminished overall well-being.

Regarding dimensionality, confirmatory factor analysis was conducted comparing a five-factor model against a single-factor solution. The five-factor model demonstrated superior fit to the data across multiple indices. The model achieved a comparative fit index of .98, a Tucker-Lewis Index of .96, and a root mean square error of approximation of .04, all indicating excellent model fit. These fit indices exceeded those of the single-factor model, which yielded inadequate fit statistics. All item-factor loadings in the five-factor model were statistically significant, with most items demonstrating factor loadings exceeding .70. Importantly, no cross-loadings were observed, confirming clear item assignment to subscales.

Confirmatory factor analysis supported the five-factor structure comprising the Self (paranoid thinking, self-esteem, isolation, anxiety), Sexual (sexual interest, low energy), Somatic (somatic symptoms, weight changes), Cognitive (memory, concentration), and Sleep (sleep disturbances, irritability) subscales." This theoretically and empirically derived structure meaningfully organises the symptoms of perimenopausal depression into clinically interpretable domains, each reflecting a distinct aspect of the condition.

Severity category cut scores have been established to aid in the interpretation of MENO-D total scores:

- No to Minimal Symptoms (raw score 0-19): Little to no perimenopausal depression symptoms
- Mild (raw score 20-23): Mild symptoms, requiring ongoing monitoring
- Moderate (raw score 24-31): Moderate symptoms, suggesting treatment is indicated
- Severe (raw score 32+): Severe symptoms, requiring treatment

Category	Raw Score	Interpretation
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None to Minimal	0-19	Little to no perimenopausal depression symptoms
Mild	20-23	Mild symptoms, requiring ongoing monitoring
Moderate	24-31	Moderate symptoms, suggesting treatment is indicated
Severe	32+	Severe symptoms, requiring treatment

Scoring & Interpretation

A total score ranging from 0 to 48 is produced, with higher scores indicating greater severity of perimenopausal depression symptoms. Five subscale scores with differing ranges are also produced:

- **Self** (4 items: B, D, E, F): paranoid thinking, self-esteem, isolation, and anxiety symptom areas; assesses sense of self-worth, social connectedness, and emotional well-being, including experiences of guilt, suspiciousness, decreased self-esteem, reduced interest in socializing, and feelings of anxiety (range 0-16)
- **Sexual** (2 items: A, J): low energy and sexual interest symptom areas; measures changes in libido and sexual activity alongside overall energy depletion, reflecting the interrelated nature of fatigue and reduced sexual desire during perimenopause (range 0-8)
- **Somatic** (2 items: G, I): somatic symptoms and weight change symptom areas; assesses physical complaints including body aches, pain, and weight gain, which are prominent features of perimenopausal depression that distinguish it from other depressive subtypes (range 0-8)
- **Cognitive** (2 items: K, L): memory and concentration symptom areas; assesses subjective changes in cognitive functioning, particularly difficulties with memory recall and maintaining concentration on tasks (range 0-8)
- **Sleep** (2 items: C, H): irritability and sleep disturbance symptom areas; measures sleep quality and emotional reactivity through assessment of sleep disturbances and irritability levels experienced during perimenopause (range 0-8)

Subscale scores are expressed as average scores (dividing the raw subscale score by the number of items in that subscale), ranging from 0 to 4, to enable direct comparison across subscales with differing numbers of items.

Severity category score ranges for the total have been established by the scale authors based on clinical experience and observed treatment needs to aid in interpretation (Kulkarni et al., 2018):

- No to Minimal Symptoms (raw score 0-19): Little to no perimenopausal depression
- Mild (raw score 20-23): Mild perimenopausal depression, requiring ongoing monitoring
- Moderate (raw score 24-31): Moderate perimenopausal depression, suggesting treatment is indicated
- Severe (raw score 32+): Severe perimenopausal depression, requiring treatment

On first administration, a bar graph displaying the total raw score and a bar graph showing subscale average scores are presented. When the assessment is administered multiple times, longitudinal line graphs are generated to track changes in both the total raw score and subscale average scores over time.

Interpretation at the subscale level may also be clinically useful. For example, elevated scores for both Cognitive and Sleep subscales may suggest that reported memory and concentration difficulties are secondary to sleep disruption rather than representing independent cognitive decline. In such cases, interventions that target sleep quality such as addressing night sweats or establishing sleep hygiene may lead to improvements across multiple symptom domains including cognitive functioning.

Interpretive Text

The interpretive report for the MENO-D is constructed from several components that are conditionally displayed based on the client's scores and assessment history. The report follows a structured format designed to provide clinicians with meaningful insights into the client's perimenopausal depression symptom profile.

Initial vs. Repeat Administration

If this is the first administration, the report begins with:

"The MENO-D was administered on [date]."

If the client has completed the MENO-D previously, the report begins with a comparison of current results to previous scores:

"The MENO-D was administered on [current date]. Since the client completed the initial MENO-D on [initial date] ([days] days ago), the client's total score has [increased/decreased/remained stable] by [X] points, [moving from [previous category] to [current category]/remaining in the [category] range]."

Total Score Interpretation

The report always includes an interpretation of the total MENO-D score:

"The client obtained a total score of [score] out of a possible 48. [Interpretation based on descriptor]."

The interpretation text varies based on the severity categories:

No to Minimal Symptoms (raw score 0-19):

"This indicates little to no perimenopausal depression. The client reports minimal symptoms across the domains assessed by the MENO-D, suggesting that depression is not a current clinical concern related to the menopause transition."

High-Scoring Individual Items (if present): If any individual items are scored 3 or 4 despite the total falling in the None to Minimal range, the following text is added:

"Even though the total score is in the none to minimal range, high responses to certain symptom areas are noted: [symptom area] (item [number])."

Mild (raw score 20-23):

"This indicates mild perimenopausal depression that warrants ongoing monitoring. Individuals scoring in this range may be experiencing some depression symptoms that may be impacting their well-being, though functioning is generally preserved. Regular monitoring is recommended to track symptom progression and determine whether intervention is necessary."

Highest-scoring symptom areas highlight difficulties with <x5 highest items summarised as their symptom areas; i.e., low energy, paranoid thinking, irritability, self-esteem, memory and concentration>

Moderate (raw score 24-31):

"This indicates moderate perimenopausal depression suggesting that treatment is indicated. Individuals scoring in this range may be experiencing notable symptoms across multiple domains that are likely interfering with daily functioning and quality of life. These symptoms may include significant changes in energy, mood, sleep, cognitive function, and physical well-being."

Highest-scoring symptom areas highlight difficulties with <x5 highest items summarised as their symptom areas; i.e., low energy, paranoid thinking, irritability, self-esteem, memory and concentration>

Severe (raw score 32+):

"This indicates severe perimenopausal depression requiring treatment. Individuals scoring in this range experience substantial and pervasive symptoms that are significantly impairing functioning across multiple life domains. The severity of symptoms strongly indicates a comprehensive assessment."

Highest-scoring symptom areas highlight difficulties with <x5 highest items summarised as their symptom areas; i.e., low energy, paranoid thinking, irritability, self-esteem, memory and concentration>

Self-Esteem Item 4 (Symptom area D) Concerning Response Flag:

Particular attention should be given to the self-esteem item (item D), as it indicates serious concerns regarding self-harm, necessitating immediate risk assessment.

Developer

Kulkarni, J., Gavrilidis, E., Hudaib, A., Bleeker, C., Worsley, R., & Gurvich, C. (2018). Development and validation of a new rating scale for perimenopausal depression—the MENO-D. *Translational Psychiatry*, 8(1), 123.

<https://doi.org/10.1038/s41398-018-0172-0>

References

Aslan, B., & Önal, Ö. (2025). Prevalence of depressive symptoms during the menopausal transition in Türkiye: impact of symptom severity, aging anxiety and health-related quality of life. *Climacteric*, 28(5), 607–615.

<https://doi.org/10.1080/13697137.2025.2507909>

Bromberger, J. T., & Kravitz, H. M. (2011). Mood and menopause: findings from the Study of Women's Health Across the Nation (SWAN) over 10 years. *Obstetrics and Gynecology Clinics of North America*, 38(3), 609–625.

<https://doi.org/10.1016/j.ogc.2011.05.011>

Gibbs, Z., Lee, S., & Kulkarni, J. (2015). The unique symptom profile of perimenopausal depression. *Clinical Psychologist*, 19(2), 76-84. <https://doi.org/10.1111/cp.12035>

Jagtap, B., Prasad, S., & Srivastava, D. (2016). Study of prevalence, pattern and predictors of psychiatric morbidity in menopausal women. *Journal of Mid-life Health*, 7(4), 178-182. <https://doi.org/10.4103/0976-7800.195695>

Kulkarni, J., Gavrilidis, E., Hudaib, A., Bleeker, C., Worsley, R., & Gurvich, C. (2018). Development and validation of a new rating scale for perimenopausal depression—the MENO-D. *Translational Psychiatry*, 8(1), 123.

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Assessment Questions



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MENO-D (MENO-D)

Instructions:

The general reference point for each item is the individual's pre-menopausal level or state.

1	A - Low Energy Over the last 2 weeks have you noticed reduced energy levels?
	0 No change in energy, feel active all day
	1 More tired after activity than previously
	2 Decreased activity because of tiredness
	3 Feel tired most of the time despite resting, decreased activity
	4 Continually feeling exhausted, even small tasks such as brushing hair feels draining
2	B - Paranoid Thinking Over the last 2 weeks have you experienced paranoid thinking?
	0 No paranoid thinking
	1 Increasing worry that others think badly of you
	2 Suspicious that people at work or home think badly of you
	3 Convinced that others have a low opinion of you and are trying to replace you
	4 Convinced that others are actively planning to hurt you in many ways
3	C - Irritability Over the last 2 weeks have you felt more irritable?
	0 No irritability
	1 Mild irritability
	2 Increased irritable response to minor incidents
	3 Anger expressed by 'snapping', verbal outbursts over minor incidents
	4 Rage, major verbal outbursts over minor incidents
4	D - Self Esteem Over the last 2 weeks has your self-esteem been lowered?
	0 Good self-esteem or no change in self-esteem
	1 Slight decrease in self-esteem
	2 Poor self esteem with no reality base
	3 Very poor self-esteem in all life-domains
	4 No self-worth at all to the point of believing that the world would be better off without you
5	E - Isolation Over the last 2 weeks have you withdrawn socially?
	0 Socialise normally
	1 Decreased socialising
	2 Disinterested in socialising
	3 Social and occupational withdrawal
	4 Feeling isolated, 'in a bubble' even when with others



6	F - Anxiety Over the last 2 weeks have you experienced heightened levels of anxiety?
0	No new anxiety
1	Increased anxiety when in public
2	Highly anxious when doing new tasks
3	Heightened anxiety when doing routine and familiar tasks
4	Panic attacks, highly anxious when doing ordinary and familiar tasks
7	G - Somatic Symptoms Over the last 2 weeks have you experienced physical symptoms?
0	No physical symptoms
1	Increased muscle aches, joint pains on exercise
2	Increased back, leg and joint pains with little exertion
3	Frequent headaches, muscle and/or joint pains limiting activity
4	Severe aches and pains requiring pain relief and preventing activity
8	H - Sleep Disturbance Over the last 2 weeks have you experienced sleep disturbance?
0	No sleep problems
1	Sleep broken by brief waking once or twice a night, but easily fall back to sleep
2	Sleep broken by waking several times a night, but easily fall back to sleep
3	Waking up three or more times per night due to hot flashes and sweating, plus difficulty returning to sleep
4	Sleeping two or less hours per night consistently. Sweating, hot flashes, feeling hot then cold, interrupting sleep all night
9	I - Weight Have you gained weight (in comparison to pre-menopause weight)?
0	No change in weight
1	Mild weight gain (1-2kg)
2	Moderate weight gain despite no change in diet or exercise (3-6kg)
3	Continuing weight gain and abdominal fat deposition, despite dietary restriction and increasing exercise
4	Major weight gain (>6kg) with abdominal, breast, hip and thigh fat deposition
10	J - Sexual Interest Over the last 2 weeks have you experienced a reduced libido?
0	No change in libido
1	Mild decrease in libido
2	Diminished libido
3	Decreased libido and discomfort with sexual activity
4	Loss of interest in all sexual activity
11	K - Memory Over the last 2 weeks have you noticed any memory-related difficulties?
0	No memory problems
1	Mild problems remembering names and numbers
2	Need to make lists to function at work and/or home
3	Impaired memory leading to dysfunction
4	Severe loss of memory leading to inability to function



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12	L - Concentration Over the last 2 weeks have you experienced problems concentrating?
	0 No concentration difficulties
	1 Mild problems with concentrating on reading
	2 Mild problems with concentrating on reading and watching TV/Films
	3 Marked problems with concentrating on reading and watching TV/Films
	4 Unable to focus on any tasks

Developer Reference:

Kulkarni, J., Gavrilidis, E., Hudaib, A., Bleeker, C., Worsley, R., & Gurvich, C. (2018). Development and validation of a new rating scale for perimenopausal depression—the MENO-D. *Translational Psychiatry*, 8(1), 123. <https://doi.org/10.1038/s41398-018-0172-0>

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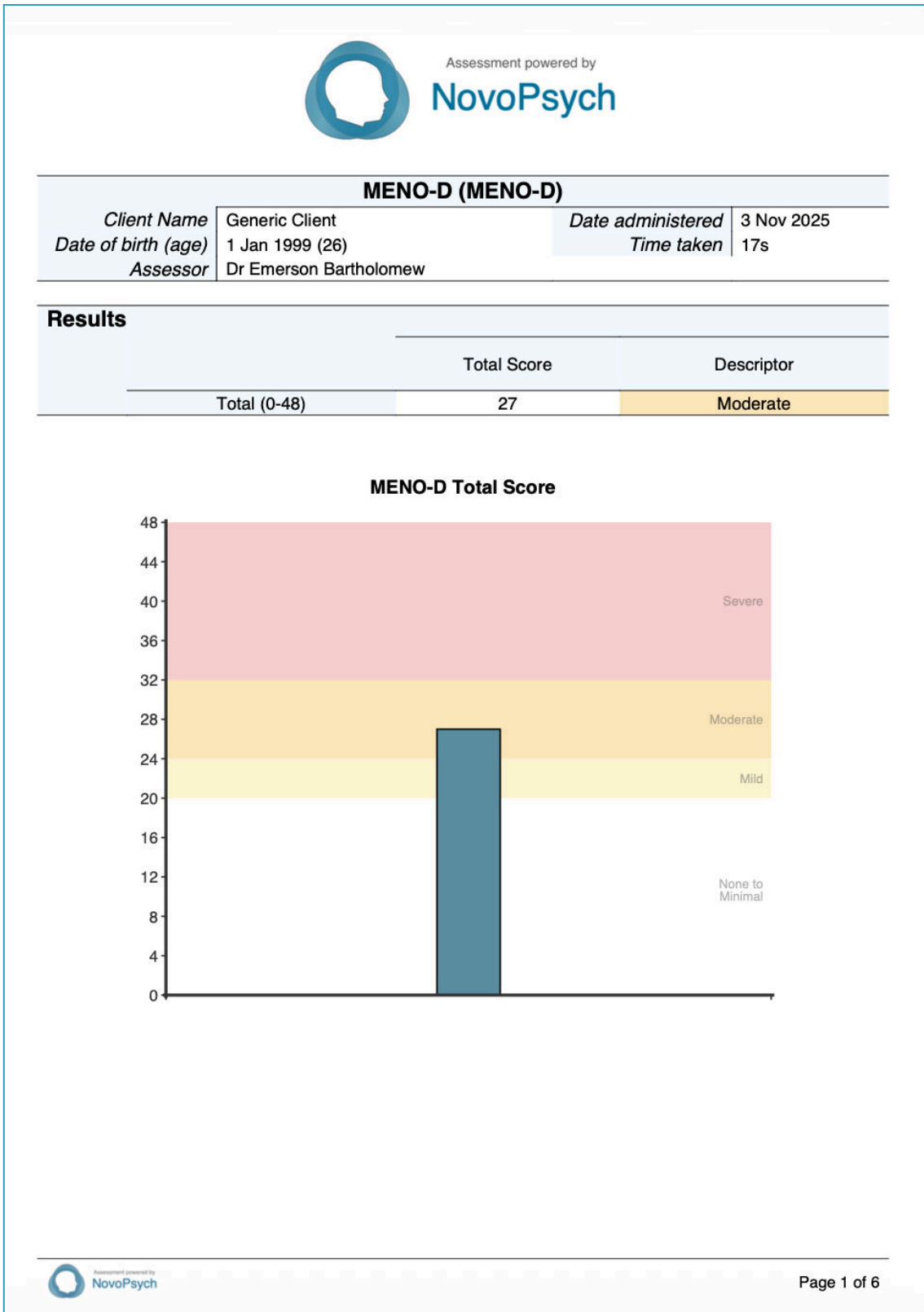
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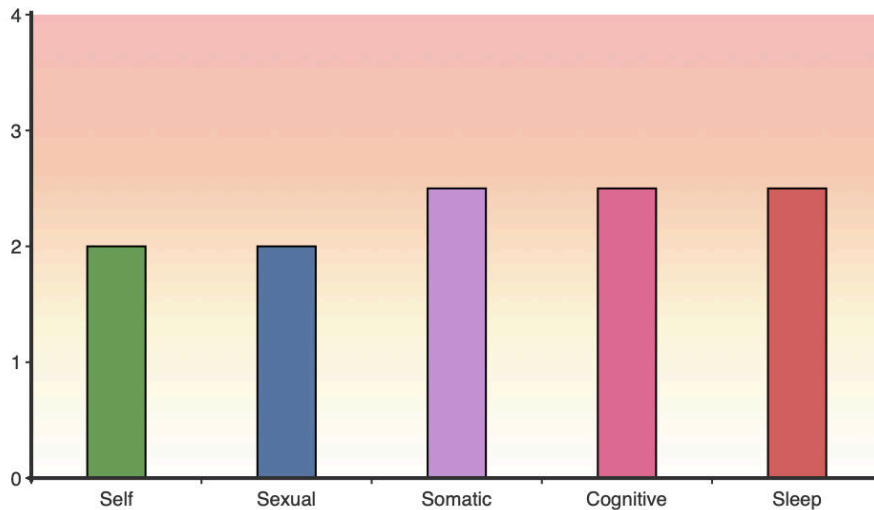


Client Name | Generic Client

MENO-D Subscale Results

	Raw Score	Average Score
Self (0-16)	8	2
Sexual (0-8)	4	2
Somatic (0-8)	5	2.5
Cognitive (0-8)	5	2.5
Sleep (0-8)	5	2.5

MENO-D Subscale Average Scores



Interpretation

The MENO-D was administered on 03 November 2025. The client obtained a total score of 27 out of a possible 48. This indicates moderate perimenopausal depression suggesting that treatment is indicated. Individuals scoring in this range experience notable symptoms across multiple domains that are likely interfering with daily functioning and quality of life. These symptoms may include significant changes in energy, mood, sleep, cognitive function, and physical well-being.

The highest-scoring symptom areas include difficulties with somatic symptoms (item G), low



Client Name	Generic Client
	energy (item A), memory (item K), irritability (item C), and concentration (item L).

Scoring and Interpretation Information

For comprehensive information on the MENO-D, [see here](#).

A total score ranging from 0 to 48 is produced, with higher scores indicating greater severity of perimenopausal depression symptoms. Five subscale scores with differing ranges are also produced:

-Self (4 items: B, D, E, F): paranoid thinking, self-esteem, isolation, and anxiety symptom areas; assesses sense of self-worth, social connectedness, and emotional well-being, including experiences of guilt, suspiciousness, decreased self-esteem, reduced interest in socializing, and feelings of anxiety (range 0-16)

-Sexual (2 items: A, J): low energy and sexual interest symptom areas; measures changes in libido and sexual activity alongside overall energy depletion, reflecting the interrelated nature of fatigue and reduced sexual desire during perimenopause (range 0-8)

-Somatic (2 items: G, I): somatic symptoms and weight change symptom areas; assesses physical complaints including body aches, pain, and weight gain, which are prominent features of perimenopausal depression that distinguish it from other depressive subtypes (range 0-8)

-Cognitive (2 items: K, L): memory and concentration symptom areas; assesses subjective changes in cognitive functioning, particularly difficulties with memory recall and maintaining concentration on tasks (range 0-8)

-Sleep (2 items: C, H): irritability and sleep disturbance symptom areas; measures sleep quality and emotional reactivity through assessment of sleep disturbances and irritability levels experienced during perimenopause (range 0-8)

Subscale scores are expressed as average scores (dividing the raw subscale score by the number of items in that subscale), ranging from 0 to 4, to enable direct comparison across subscales with differing numbers of items.

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Interpretation at the subscale level may also be clinically useful. For example, elevated scores



Client Name | Generic Client

for both Cognitive and Sleep subscales may suggest that reported memory and concentration difficulties are secondary to sleep disruption rather than representing independent cognitive decline. In such cases, interventions that target sleep quality such as addressing night sweats or establishing sleep hygiene may lead to improvements across multiple symptom domains including cognitive functioning.

Client Responses

- 1 A - Low Energy Over the last 2 weeks have you noticed reduced energy levels?
 - 0 No change in energy, feel active all day
 - 1 More tired after activity than previously
 - 2 Decreased activity because of tiredness
 - 3 **Feel tired most of the time despite resting, decreased activity**
 - 4 Continually feeling exhausted, even small tasks such as brushing hair feels draining
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 - 4 Convinced that others are actively planning to hurt you in many ways
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 - 4 No self-worth at all to the point of believing that the world would be better off without you
- 5 E - Isolation Over the last 2 weeks have you withdrawn socially?
 - 0 Socialise normally
 - 1 Decreased socialising
 - 2 **Disinterested in socialising**
 - 3 Social and occupational withdrawal
 - 4 Feeling isolated, 'in a bubble' even when with others



Client Name Generic Client

Client Responses (cont.)

6	F - Anxiety Over the last 2 weeks have you experienced heightened levels of anxiety?
0	No new anxiety
1	Increased anxiety when in public
2	Highly anxious when doing new tasks
3	Heightened anxiety when doing routine and familiar tasks
4	Panic attacks, highly anxious when doing ordinary and familiar tasks
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10	J - Sexual Interest Over the last 2 weeks have you experienced a reduced libido?
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4	Loss of interest in all sexual activity
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3	Impaired memory leading to dysfunction
4	Severe loss of memory leading to inability to function



Client Name	Generic Client
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Client Responses (cont.)

12	L - Concentration Over the last 2 weeks have you experienced problems concentrating?
0	No concentration difficulties
1	Mild problems with concentrating on reading
2	<i>Mild problems with concentrating on reading and watching TV/Films</i>
3	Marked problems with concentrating on reading and watching TV/Films
4	Unable to focus on any tasks