



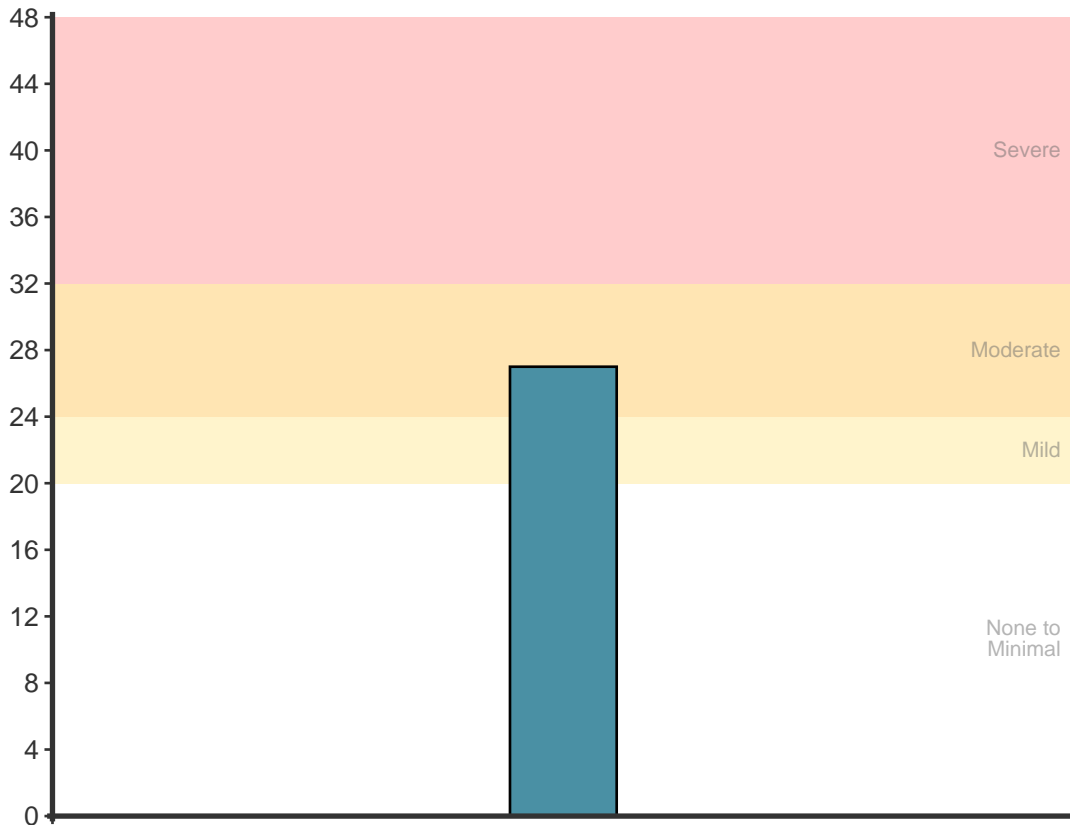
### MENO-D (MENO-D)

<i>Client Name</i>	Generic Client	<i>Date administered</i>	3 Nov 2025
<i>Date of birth (age)</i>	1 Jan 1999 (26)	<i>Time taken</i>	17s
<i>Assessor</i>	Dr Emerson Bartholomew		

### Results

	Total Score	Descriptor
Total (0-48)	27	Moderate

**MENO-D Total Score**



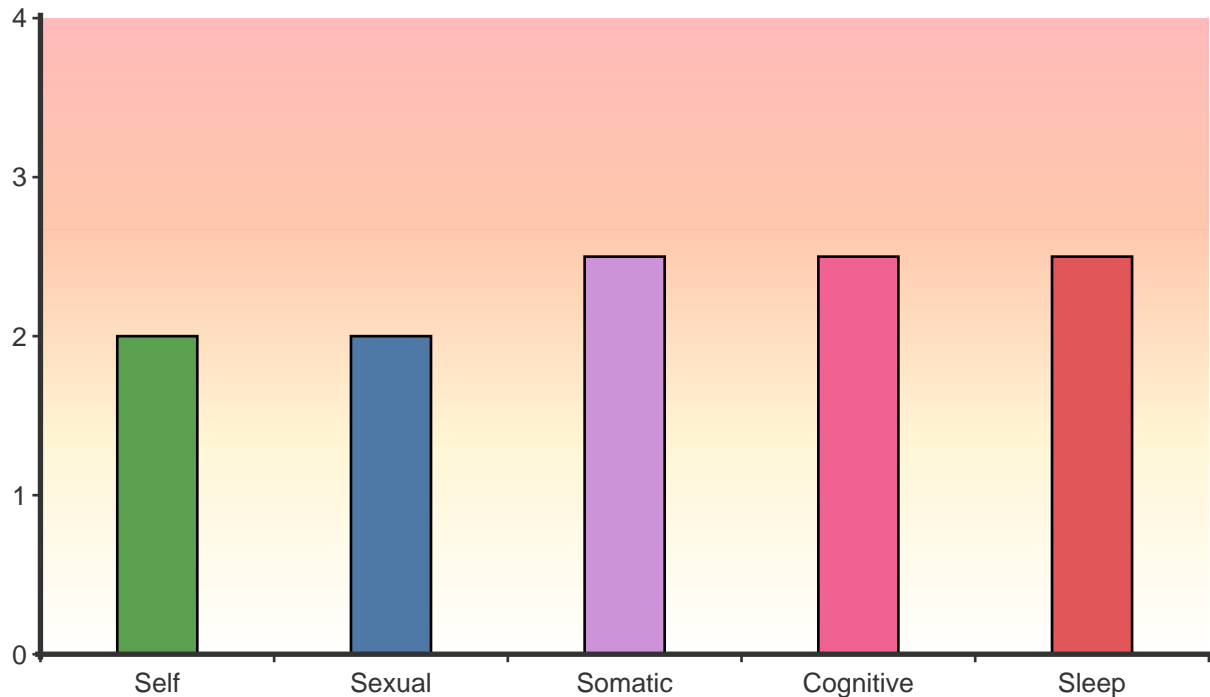


**Client Name** | Generic Client

### 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



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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.

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



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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 | <b>Feel tired most of the time despite resting, decreased activity</b>                        |
| 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 | <b>Suspicious that people at work or home think badly of you</b>                              |
| 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 | <b>Anger expressed by 'snapping', verbal outbursts over minor incidents</b>                   |
| 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 | <b>Poor self esteem with no reality base</b>  |
| 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 | <b>Disinterested in socialising</b>   |
| 3 | Social and occupational withdrawal  |
| 4 | Feeling isolated, 'in a bubble' even when with others   |



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## 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

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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### Client Responses (cont.)

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