

**Women's Quality of Life Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

Have you currently or previously taken any birth control/ hormone pills or shots?

No Yes *If yes, please specify Please include alternative/herbal meds*

| Medication | Dose | Date Started/Ended | Reason |
|------------|------|--------------------|--------|
|            |      |                    |        |
|            |      |                    |        |
|            |      |                    |        |
|            |      |                    |        |

If you have used birth control now or in the past, did you have any problems with the method you used- physically or psychologically? \_\_\_\_\_

Age of First Menstrual period \_\_\_\_\_

Circle the appropriate number(s) in section A ,B, & C that apply:

A. Current childbearing potential

1=childbearing Current birth control method if applicable \_\_\_\_\_

2= post-menopausal date of last menses \_\_\_\_\_

3= surgically sterile date and type of procedure \_\_\_\_\_

4= other \_\_\_\_\_

B. Childbearing history:

0= never been pregnant

1= never given birth

2= has given birth \_\_\_\_\_ Pregnancies

\_\_\_\_\_ Abortions

\_\_\_\_\_ Miscarriage

C. Infertility Problems No Yes

If yes, please describe and how has this affected you. \_\_\_\_\_

\_\_\_\_\_

Describe your menstrual cycle. Do you have pain, discomfort or extremely heavy/ light periods? \_\_\_\_\_

\_\_\_\_\_

Have you had any mood symptoms associated with menstrual cycle--- before, during, after?      Yes      No      *if yes, please describe*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any mood symptoms associated with pregnancies—before, during, after?      Yes      No      *if yes, please describe*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any mood symptoms associated with peri-menopause (10 years prior to onset of menopause to 1 year after the complete cessation of your periods)?

Yes      No      *if yes, please describe*

\_\_\_\_\_

\_\_\_\_\_

Describe your experience with menopause. What symptoms did you have? Did you receive treatment? Any mood symptoms? If so, what?

\_\_\_\_\_

\_\_\_\_\_

What has it meant for you to reach menopause? \_\_\_\_\_

\_\_\_\_\_

**Degree of Stress** in your life at present? *1 being lowest amount of stress 10 being highest amount of stress*

Job \_\_\_\_\_ Family \_\_\_\_\_ General Life \_\_\_\_\_ Other \_\_\_\_\_

*Please elaborate*

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Do you have any physical symptoms that you think are caused by stress? Yes No  
*Please elaborate-*

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Symptom Checklist- Please check off symptoms below that apply or have applied.

- anxiety       panic attacks       sadness       mood swings  
 obsessions       compulsions       hallucinations       fears/phobias  
 sleep problems       tics/grunts/jerks       irritability/ anger/ short fuse  
 eating binges       restricting food too much       gambling/ shopping to extreme  
 PMS       post partum depression       low self esteem  
 body image problems       chronic aches/pain

*Elaborate if needed*

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**General Health:**

How is your general health? Any major health problems?

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Health of spouse/ significant other \_\_\_\_\_

Health of children \_\_\_\_\_

Health of other family members/close friends \_\_\_\_\_

Have any of the health issues pertaining to you or your close ones affected you psychologically?    Yes                    No    *if yes, please describe*

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Have you experienced any significant losses, separations, transitions or changes in your life that you haven't quite gotten over?

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Describe any significant memories from childhood that you feel might be affecting you.

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Did you ever witness or experience a violent or traumatic life event? Have you ever been a victim of sexual abuse or rape?

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How is aging affecting you? \_\_\_\_\_

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Have you had any problems with sexual desire/ activity?    Yes    No  
*If yes, please explain*

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Have you suffered psychologically or physically because of problems associated with  
sexual desire/ activity?                      Yes                      No  
*If yes, please explain*

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*If you have any other comments or explanations, please elaborate below*

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