

Health Care Professional Discussion Checklist

1. Has it been at least 1 year since your last regular menstrual period? Yes No

2. Has your health care professional (doctor, nurse practitioner, physician's assistant or nurse) told you that you are menopausal? Yes No

	Always	Sometimes	Never
1. I experience vaginal dryness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I experience burning in and around the vagina.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I experience itching in and around the vagina.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Over the counter vaginal lubricants or moisturizers help to relieve my symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I experience pain during daily activities in and around the vagina.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sex is painful for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I avoid having sex because of vaginal discomfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I've had to stop having sex because of the discomfort I experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I avoid certain activities such as exercise, because of the discomfort I experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "always" or "sometimes" for one or more of the statements above, you may want to make an appointment with your health care professional and bring the completed checklist with you for that discussion.