

# Menopause Rating Scale (MRS II) for the Evaluation of Menopausal Symptoms

Which of the following symptoms are you currently experiencing? Please mark each symptom and indicate how severely you are affected. If you do not have a symptom, please mark "none."

	none 1	mild 2	moderate 3	severe 4	very severe 5
<b>Hot flashes, sweating</b> (sudden heat sensations, sweating attacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Heart discomfort</b> (palpitations, rapid heartbeat, irregular heart-beat, tightness in the chest)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Sleep problems</b> (difficulty falling asleep, difficulty staying asleep, waking too early)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Depressive mood</b> (lack of motivation, sadness, tearfulness, low drive, mood swings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Irritability</b> (nervousness, inner tension, aggressiveness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Anxiety</b> (inner restlessness, panic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Physical and mental exhaustion</b> (reduced general performance, memory problems, difficulty concentrating, forgetfulness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Sexual problems</b> (changes in sexual desire, activity, and satisfaction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Urinary complaints</b> (difficulty urinating, frequent urge to urinate, involuntary urine leakage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Vaginal dryness</b> (feeling of dryness or burning in the vagina, discomfort during intercourse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Joint and muscular discomfort</b> (pain in the joints, rheumatic-like complaints)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



This questionnaire was evaluated by Dr. Bernhardt, specialist in bioidentical hormone therapy, Better Aging, and longevity –  
c/o Gesundheitszentrum Kapf, Kapfstr. 1, CH-6020 Emmenbrücke.

Please send your completed evaluation in advance to [info@biohormontherapie.ch](mailto:info@biohormontherapie.ch) or bring it with you to your first consultation appointment.

**Please list your chronic illnesses here (medical diagnoses according to your family doctor), if applicable:**

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**Please list any long-term medications and nutraceuticals you are taking, including dosages and administration schedules, if applicable:**

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**Here is space for comments that you consider relevant:**

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