

# HPI Female Symptom Questionnaire

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**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Symptom	Never	Rare	Occasional	Moderate	Severe
Loss of Wellbeing					
Night Sweats					
Hot Flashes/Flushes					
Vaginal Dryness					
Painful Intercourse					
Urinary Discomfort					
Bladder Leakage					
Trouble Falling Asleep					
Difficulty Staying Asleep					
Awake Unrefreshed					
Easily Gain Weight					
Difficulty Losing Weight					
Memory Lapses					
Brain Fog					
Decreased Concentration					
Mood Swings					
Anxiety					
Nervousness					
Irritability					
Depression					

# HPI Female Symptom Questionnaire

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**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Symptom	Never	Rare	Occasional	Moderate	Severe
Depression					
Lack of Energy					
Daytime Exhaustion					
General Fatigue					
Low Sexual Desire					
Avoidance of Intimacy					
Difficulty with Orgasm					
Poor Exercise Tolerance					
Muscle Weakness/Loss					
Joint Pain					
Migraines					
Hair Loss					
Unwanted Hair Growth					
Dry Skin					