Modified Greene Scale

Name: _____

Date: _____

Previous score: _____

Symptoms	None (0)	Mild (1)	Moderate (2)	Severe (3)
1. Hot flushes				
2. Light headed feelings				
3. Headaches				
4. Irritability				
5. Depression				
6. Unloved feelings				
7. Anxiety				
8. Mood changes				
9. Sleeplessness				
10. Unusual tiredness				
11. Backache				
12. Joint pains				
13. Muscle pains				
14. New facial hair				
15. Dry skin				
16. Crawling feelings under skin				
17. Less sexual feelings				
18. Dry vagina				
19. Uncomfortable intercourse				
20. Urinary frequency				
SCORE				
TOTAL SCORE:				