Instructions

The following questionnaire asks about problems sometimes experienced by women during or after the menopause.

For each question tick the box next to the answer which is most appropriate to you at the moment.

Your answers will be kept strictly confidential and will only be used for research purposes.

Thank you for taking the time to fill in the questionnaire.
For the following questions, please read the question and then put a tick in the box next to the answer which is true for you.

1. Do you suffer from vaginal soreness?
   - Yes, a lot
   - Yes, a little
   - No, not at all

2. Do you get vaginal itching?
   - Yes, a lot
   - Yes, a little
   - No, not at all

3. Do you get vaginal discharge?
   - Yes, often
   - Yes, a little
   - No, never

4. Does it hurt when you pass urine?
   - Yes, often
   - Yes, sometimes
   - No, never