



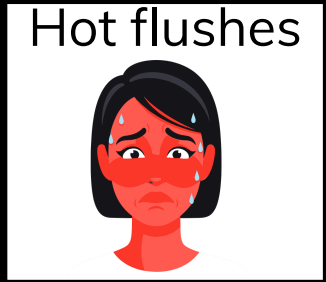
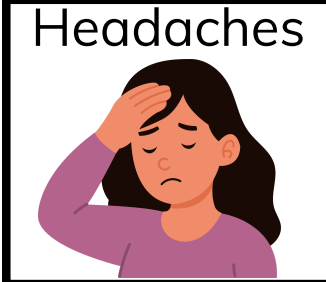
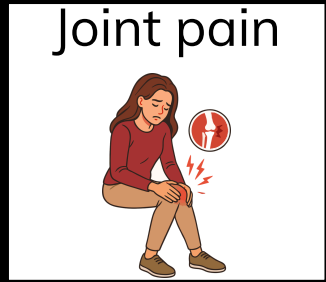
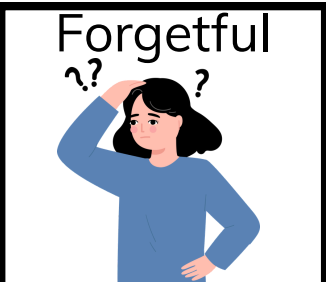
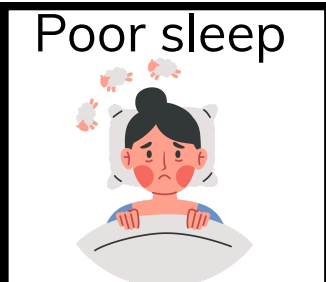
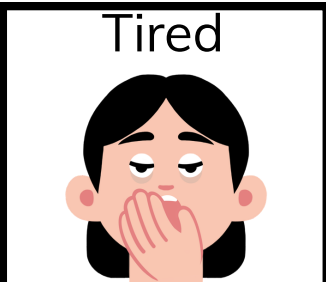
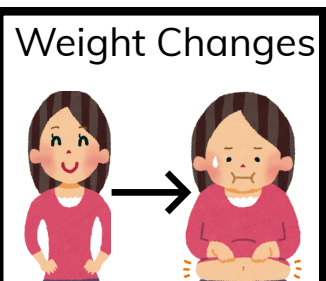
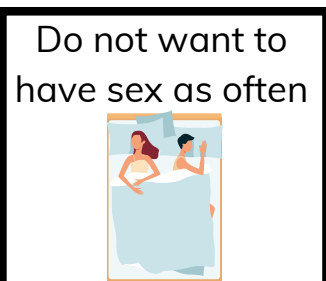

Down
Syndrome
Ireland

Menopause Checklist




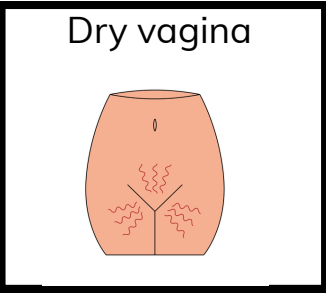
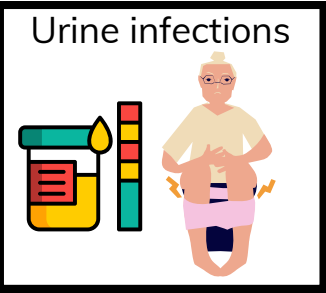
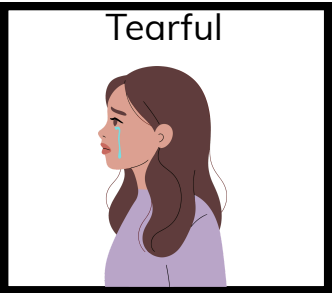

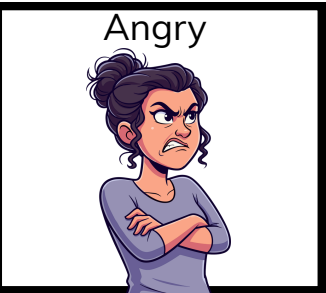

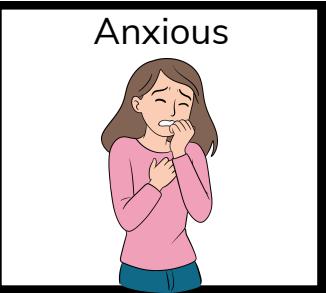
Menopause Symptom Checklist

Tick YES to symptoms you have.
Tick NO to symptoms you do not have.

<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Hot flushes</p> 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Headaches</p> 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Joint pain</p> 
<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Forgetful ~? ?</p> 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Poor sleep</p> 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Tired</p> 
<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Weight Changes</p> 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Do not want to have sex as often</p> 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Do not want to have sex as often</p> 

Menopause Symptom Checklist

Tick all the symptoms you have

<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Sore and itchy vagina</p> 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Dry vagina</p> 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Urine infections</p> 
<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Tearful</p> 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Sad</p> 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Angry</p> 
<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Worried</p> 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Anxious</p> 	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Depressed</p> 