Menopause Rating Scale (MRS) questionnaire

Patient name: _____ Patient ID / record number: _____ Date completed: _____

MENOPAUSE RATING SCALE

The patient completes this herself. For each symptom, mark the box that shows how severe it has been, from 0 (no complaints) to 4 (very severe).

0 No complaints · 1, 2 and 3 are the steps between · **4** Very severe

		0	1	2	3	4
1.	**Hot flushes**	◯	◯	◯	◯	◯
2.	**Heart discomfort**	◯	◯	◯	◯	◯
3.	**Sleep problems**	◯	◯	◯	◯	◯
4.	**Depressive mood**	◯	◯	◯	◯	◯
5.	**Irritability**	◯	◯	◯	◯	◯
6.	**Anxiety**	◯	◯	◯	◯	◯
7.	**Physical and mental exhaustion**	◯	◯	◯	◯	◯
8.	**Sexual problems**	◯	◯	◯	◯	◯
9.	**Bladder problems**	◯	◯	◯	◯	◯
10.	**Vaginal dryness**	◯	◯	◯	◯	◯
11.	**Joint and muscular discomfort**	◯	◯	◯	◯	◯

CLINICIAN SCORING

Subscale (item numbers)	Sum of items	Range
Psychological (4, 5, 6, 7)		0 to 16
Somatic (1, 2, 3, 11)		0 to 16
Urogenital (8, 9, 10)		0 to 12
Total (sum of the three subscales)		0 to 44

Band table used (keep one for every visit): ☐ Heinemann 2004a (total severe 17+) ☐ Heinemann 2004b (total severe 16+)

MRS version used: _____ Band: _____

Item names follow the short labels published in Heinemann et al., 2004. Subscale grouping is inferred from the published factor loadings. For the official questionnaire wording and current licence terms, use the form from the scale's owner, ZEG Berlin (menopause-rating-scale.info). The MRS measures symptom severity as the patient rates it. It does not diagnose menopause or set a treatment threshold.