

UGAQoL

Confidential

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