

Post-Menopause Self-Assessment

Post-menopause refers to the years following menopause, when the body has adjusted to lower hormone levels. While some symptoms may improve, others can persist or evolve over time. This self-assessment offers a way to check in with your current health, identify any ongoing concerns, and gather insights that may help guide conversations with your healthcare provider.

**Using a scale of 1–10, rate each item according to what best reflects your current experience
(1 = lowest, 10 = best).*

How consistent is your **daily energy level**?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10

How well are you **sleeping and recovering overnight**?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10

How strong and stable does your **bone and joint health** feel?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10

How comfortable does your **pelvic and vaginal health** feel?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10

How clear and sharp does your **memory and focus** feel?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10

How stable does your **mood and emotional wellbeing** feel?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10

How manageable is your **weight and metabolism** right now?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10

How strong does your **muscle strength and physical stamina** feel?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10

How supported do you feel in your **overall health care plan**?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10

How satisfied do you feel with your **overall quality of life and wellbeing**?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10

Additional observations or details you'd like to keep in mind:

This self-assessment is designed to support personal reflection and informed conversations with your healthcare provider. It is not intended to diagnose or treat any medical condition. For medical advice, diagnosis, or treatment, please consult a licensed healthcare professional. For personal use only.

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