

NAMS QUESTIONNAIRE – RISK OF CVD

1. How old are you? _____ years

2. Do you have moderate-to-severe menopausal symptoms, such as night sweats and hot flashes, defined as bothersome symptoms that interfere with your daily activities, interrupt your sleep, or impair your quality of life? **Yes** **No**

3. Have you tried behavioral modifications for your symptoms for at least 3 months, without improvement? **Yes** **No**

4. Are you interested in considering hormone replacement therapy? **Yes** **No**

5. Do you have any of the following?

- Abnormal vaginal bleeding? **Yes** **No**
- Disease of the liver? **Yes** **No**
- History of blood clots in legs or lungs? **Yes** **No**
- Known clotting disorder? **Yes** **No**
- History of stroke or heart attack? **Yes** **No**
- History of breast or uterine cancer? **Yes** **No**
- High blood pressure? **Yes** **No**
- High cholesterol? **Yes** **No**
- Diabetes? **Yes** **No**
- Migraines with aura? **Yes** **No**
- Gallbladder disease? **Yes** **No**

6. Are you interested in trying non-hormonal prescription medications first? **Yes** **No**

7. How long since your final menstrual period? _____ years

8. Have you had a hysterectomy? **Yes** **No**

9. Do you smoke? **Yes** **No** How much? _____/day

Thanks

TO BE COMPLETED BY THE PHYSICIAN

10. Systolic blood pressure _____mmHg

11. Total cholesterol _____mg/dL HDL _____ mg/dL