



Fair Oaks
Women's Health

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Menopause Rating Scale (MRS): How to Use This Tool

The Menopause Rating Scale (MRS) is a simple questionnaire that helps measure how menopause symptoms are affecting your daily life. It turns symptoms into a score that we can track over time. We use this tool to help you clearly describe your symptoms, monitor how they change, guide treatment decisions, and evaluate whether treatments are working.

The scale includes 11 symptoms. Each symptom is scored from 0 to 4, where 0 means no symptoms, 1 is mild, 2 is moderate, 3 is severe, and 4 is very severe. After completing all items, you add the scores together for a total score ranging from 0 to 44. Higher scores indicate more severe symptoms.

Ideally, complete the scale about once a week, aiming for the same day each week. This helps us track trends over time. Scores can be interpreted as follows: 0 to 8 indicates a low symptom burden, 9 to 15 moderate, 16 to 24 high, and 25 or higher very high.

Do not worry about being exact. The most important thing is to answer honestly based on how you have been feeling recently. These scores help us monitor your symptoms over time and assess your response to treatment, including hormone therapy.

Menopause Rating Scale (MRS)

Which of the following symptoms apply to you at this time? Please, mark the appropriate box for each symptom. For symptoms that do not apply, please mark 'none'.

Symptoms:

		none	mild	moderate	severe	very severe
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	Score =	0	1	2	3	4
1.	Hot flushes, sweating (episodes of sweating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Irritability (feeling nervous, inner tension, feeling aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Anxiety (inner restlessness, feeling panicky).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Sexual problems (change in sexual desire, in sexual activity and satisfaction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>