Reiki for Menopause

Personally Tailored To Your Needs

Name:			
Current Age:		Today's Date	

Each woman experiences the menopause in a different way; your answers will help me to understand how to design a menopause reiki session or care programme personally suited to you.

Please be assured that all the information you provide will be in the very strictest of confidence. It will never be disclosed to anyone else.

Please place a tick in the empty square boxes next to the answer which best describes your feelings and menopause symptoms. Please do not write in the coloured circles or in the boxes in the separate shaded right-hand column.

Please answer the following questions as honestly as possible

Hormone Replacement Therapy (HRT)

Q1 Are you currently taking HRT?

Yes ☐ No ☐

If you answered 'Yes' to Q1 then please go to Q2, otherwise go to Q5.

Q2. How long have you been taking HRT?

Q3. How have your symptoms been since taking HRT?

Stayed the same ☐ Improved slightly ☐ Totally Improved ☐

Q4. Have any symptoms remained since taking HRT?

Hot Or Cold Flashes/Flushes?

Q5. Feelings of sudden heat/burning sensation, either all over body or just on face and neck. Maybe even sweating and looking very red OR feelings of being cold and shivery. These can happen at any time, regardless of the temperature in the room.

Never	☐0	Some Days	☐5	Every Day	☐10

Insomnia

Q6. Difficulty in falling asleep at night

Never	☐0	Some Nights	☐5	Every Night	☐10

Q7. Waking up in the night and find it difficult to get back to sleep

Never	☐0	Some Days	☐5	Every Day	☐10

Night Sweats

Q8. Waking up in the night sweating even if the room is cold

Never	☐0	Some Days	☐5	Every Day	☐10

Palpitations

Q9. Suddenly aware of my heart beating, perhaps hard and fast, this may be at any time during the day or when I wake at night

Never	☐0	Some Days	☐5	Every Day	☐10

Muscle Aches

Q10. Muscles seem to ache even if I don't do anything strenuous

Never	☐0	Some Days	☐5	Every Day	☐10

Joint Pain

Q11. Some joints just seem to feel stiff and hurt

Never	☐0	Some Days	☐5	Every Day	☐10

Mood Changes

Q12. Suffering quite dramatic mood swings, being OK one moment and the next feeling totally different for no apparent reason e.g. Angry or sad

Never	☐0	Some Days	☐5	Every Day	☐10

Headaches & Migraines

Q13. Experiencing frequent headaches or migraines or the severity has increased

Never	☐0	Some Days	☐5	Every Day	☐10

Loss Of or Low Libido

Q14. I just don't seem interested anymore or I actively avoid intimate relations.

Never	☐0	Some Days	☐5	Every Day	☐10

Feeling Discomfort During Intimacy

Q15. During times of intimacy, it can feel very uncomfortable or even painful at times.

Never	☐0	Some Days	☐5	Every Day	☐10

Memory Issues

Q16. I just seem to be forgetting things now.

Never	☐0	Some Days	☐5	Every Day	☐10

Urinary Problems

Q17. Experiencing Urinary Tract Infections. Perhaps these have not happened before but seem to occur now

Never	☐0	Some Days	☐5	Every Day	☐10

Bladder Weakness

Q18. Either just suffer the odd 'oops' moment or getting up a lot in the night for a pee

Never	☐0	Some Days	☐5	Every Day	☐10

I Feel Like I'm Going Mad

Q19. I don't know what's happening to me, I feel like I am losing the plot mentally.

Never	☐0	Some Days	☐5	Every Day	☐10

Lack of Motivation

Q20. Just can't be bothered these days to do very much at all.

Never	☐0	Occasionally	☐5	Often	☐10

Feeling Weepy

Q21. The slightest things make me feel emotional

Never	☐0	Occasionally	☐5	Most Days	☐10

Feeling Insecure

Q22. Feeling fragile and insecure, it can either be at work, at home or in my relationships.

Disagree	☐0	Sometimes	☐5	Always	☐10

Feeling Grumpy / Irritable

Q23. Just seeming to be grumpier and more irritable than I was before.

Disagree	☐0	Sometimes	☐5	Most Days	☐10

Eyes Feel Itchy / Dry or Watery

Q24. This seems to be happening now.

No	☐0	Sometimes	☐5	Most Times	☐10

Feeling Itchy All Over

Q25. It can feel like I have something crawling over me, OR my skin has become dry and flaky, OR I now suffer with more eczema, OR I break out in spots now

Disagree	☐0	Sometimes	☐5	Always	☐10

Increased Appetite

Q26. Feeling hungry all of the time and this is new to me.

Disagree	☐0	Occasionally	☐5	Always	☐10

Weight Gain

Q27. Difficulty losing weight, even if I restrict calories or exercise.

Disagree	☐0	Unsure	☐5	Yes	☐10

Eating Disorders

Q28. I have suffered with an eating disorder (Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Avoidant/Restrictive Food Intake Disorder) in the past and I am experiencing a worsening/recurrence of these behaviours, OR I have not suffered with an eating disorder before but now I do.

No	☐0	Unsure	☐5	Yes	☐10

Digestive Issues

Q29. Suffering more indigestion, heartburn or acid reflux these days.

Disagree	☐0	Sometimes	☐5	Most days	☐10

Food Intolerance

Q30. Some foods seem to upset me now, even if I loved them before.

Disagree	☐0	Sometimes	☐5	Most Times	☐10

Sore Throat

Q31. I get more sore throats these days, OR I wake up in the morning with a sore throat but it goes during the day.

Never	☐0	Sometimes	☐5	All Times	☐10

Gum Problems

Q32. My gums seem to always be inflamed or I suffer with more mouth ulcers than I ever did before.

Never	☐0	Sometimes	☐5	Always	☐10

Burning Tongue

Q33. My tongue can feel like it is on fire or my whole mouth can feel hot.

Never	☐0	Sometimes	☐5	Always	☐10

Bad Breath

Q34. I have noticed (or perhaps I have been told) my breath smells strange these days.

Disagree	☐0	Sometimes	☐5	A Lot	☐10

Body Odour

Q35. I have noticed (or others have told me) that my body smells differently these days..

Disagree	☐0	Sometimes	☐5	A Lot	☐10

Hair Loss

Q36. I have noticed my hair seems to be getting thinners or I see more of it on my hair brush now.

Disagree	☐0	Sometimes	☐5	A Lot	☐10

Eyebrows

Q37. My eyebrows seem to have developed a life of their own, they have become very unruly and long!

Not Notices	☐0	Slightly	☐5	Yes	☐10

Fatigue

Q38. I get tired now and lack energy.

Never	☐0	Occasionally	☐5	Always	☐10

Feeling Thirsty

Q39. I notice that I feel thirsty a lot more or my mouth gets quite dry.

Never	☐0	Sometimes	☐5	A Lot	☐10

Anxiety

Q40. I seem to be suffering with more anxiety or panic attacks than ever before.

Disagree	☐0	Occasionally	☐5	Always	☐10

Feelings of Nervousness

Q41. I seem to be far more nervous about everything now.

Disagree	☐0	Occasionally	☐5	Always	☐10

I Feel Old

Q42. I just feel old and past it these days, or I feel unimportant now.

Disagree	☐0	Sometimes	☐5	A Lot	☐10

Discomfort in Breasts

Q43. This can range from slight soreness to being very tender indeed.

Never	☐0	Sometimes	☐5	A Lot	☐10

Burning, Restless or Cold Legs

Q44. I have noticed that sometimes my legs feel uncomfortably hot, restless or cold.

Disagree	☐0	Occasionally	☐5	Always	☐10

Feeling Bloated

Q45. This can be anytime, not only after eating

Never	☐0	Sometimes	☐5	A Lot	☐10

Changes in Eyesight

Q46. I know this happens as one gets older, but it just seems to have happened to me really quickly.

None	☐0	A Little	☐5	A Lot	☐10

Loss of Perception / Brain Fog

Q47. Perhaps better described as unable to judge or work things out like before, for instance parking a car, understanding things etc..

None	☐0	A Little	☐5	A Ltd	☐10

Most Troublesome Symptoms

Q48. What would you consider to be your most troublesome symptom of those listed above?
Please state:

_____

_____

_____

_____

Thank you for completing these questions, now please move onto the next page . . .

STAFF USE ONLY

		Total
	Crown	
	Third Eye	
	Throat	
	Heart	
	Solar Plexus	
	Sacral	
	Root	

Thank you for completing the above questions. Now there are a few general lifestyle questions, which will help me to understand how you are coping emotionally and allow me to design your personal care programme.

Q1. What stage of the menopause do you consider yourself to be in?

Not started yet	☐	The Peri-Menopause	☐
The Menopause	☐	Post Menopause	☐

Q2. Your menstrual cycle. Please tick which applies to you. My periods are:

Regular and normal	☐	Have become irregular	☐
Have become heavy	☐	Have become light	☐
Have stopped	☐	I don't know I'm on contraception	☐

If stopped completely, how long since your last period (months approx.) ☐

Q3. How long have you been experiencing Menopause Symptoms? Please say approx.

Number of years ☐ Number of months ☐

Q4. Do you live alone or with other people?

Alone	☐	With my partner	☐
With Parent(s)	☐	With Friends	☐
With children	☐	Other	☐

Q5. Is there anyone else in your household? Please describe:

_____

_____

_____

Q6. If you have a partner, how would you describe your current relationship?

Excellent ☐ Mostly Good ☐

We don't get on now ☐ I want to get out of it ☐

Q7. If you have children, what is your relationship with them like?

Good ☐ We don't talk much ☐

Other ☐

Q8. Do you have any pets or animals, if so, what do you have?

_____

_____

_____

Q9. How would you describe your energy levels?

Excellent ☐ Mostly Good ☐ Very Low ☐

Q10. How would you describe yourself? Please tick all the boxes that you identify with:

a) I am a happy person

Always ☐ Most of the Time ☐ Never ☐

b) I Feel sad

Always ☐ Some of the Time ☐ Hardly Ever ☐

c) I am an emotional wreck.

Strongly Disagree ☐ Sometimes I feel like this ☐

d) I am a strong-minded person

Agree ☐ I used to be, but now now ☐ I never have been ☐

Q11. Is there anything else that you would like to tell me about either your physical symptoms or how you are feeling emotionally?

Thank you. Please now return this form to me.