Reset With Dr. Jess, LLC

It's not you, it's your hormones.

Menopause Rating Scale (MRS)

Symptom Severity Assessment

Name: **Date:**

Date of Birth: **Session #:**

For each symptom below, circle or write the number that best describes how bothersome that symptom has been over the past 30 days.

0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Very Severe

If you are not currently experiencing a symptom, mark 0. There are no right or wrong answers - just be honest about how you feel.

SOMATIC SUBSCALE – Questions 1, 2, 3, 11	None 0	Mild 1	Moderate 2	Severe 3	Very Severe 4	Score
1. **Hot flashes / sweating** *Sudden sensation of heat, flushing, or profuse sweating — day or night*	0	1	2	3	4	
2. **Heart discomfort** *Unusual awareness of heartbeat — pounding, skipping, or racing sensations*	0	1	2	3	4	
3. **Sleep disturbances** *Difficulty falling or staying asleep, or waking up feeling unrefreshed*	0	1	2	3	4	
11. **Joint & muscular discomfort** *Pain, stiffness, or aching in joints or muscles without an obvious cause*	0	1	2	3	4	

Somatic Subscale Score (Q1 + Q2 + Q3 + Q11) *Severe if score > 7* _____

PSYCHOLOGICAL SUBSCALE - Questions 4, 5, 6, 7	None 0	Mild 1	Moderate 2	Severe 3	Very Severe 4	Score
4. Depressive mood *Feeling down, sad, tearful, lacking motivation, or hopeless*	0	1	2	3	4	
5. Irritability / mood swings *Feeling tense, nervous, inner unrest, or emotional volatility*	0	1	2	3	4	
6. Anxiety *Feeling anxious, fearful, or experiencing panic without a clear cause*	0	1	2	3	4	
7. Physical & mental exhaustion *Decreased concentration, forgetfulness, or general decline in daily performance*	0	1	2	3	4	

Psychological Subscale Score (Q4 + Q5 + Q6 + Q7) *Severe if score > 9*	

UROGENITAL SUBSCALE - Questions 8, 9, 10	None 0	Mild 1	Moderate 2	Severe 3	Very Severe 4	Score
8. Sexual problems *Changes in sexual desire, activity, or satisfaction*	0	1	2	3	4	
9. Bladder problems *Urinary urgency, frequency, leaking, or pain with urination*	0	1	2	3	4	
10. Vaginal dryness / discomfort *Dryness, burning, or discomfort in vaginal area; pain with intercourse*	0	1	2	3	4	

Urogenital Subscale Score (Q8 + Q9 + Q10) *Severe if score > 4*	

Total MRS Score Summary

Somatic (Q1+Q2+Q3+Q11)	Psychological (Q4+Q5+Q6+Q7)	Urogenital (Q8+Q9+Q10)	TOTAL SCORE (All 11 questions)
Score	Score	Score	Score
Severe if > 7	*Severe if > 9*	*Severe if > 4*	*Severe if > 17*

No / Little Symptoms	Mild	Moderate	Severe / Bothersome
Total: 0–4	Total: 5–8	Total: 9–16	**Total: 17+**

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