

DECISION QUALITY WORKSHEET

TREATMENTS FOR MENOPAUSE

Instructions

This survey has questions about what it is like for you to make decisions about treating your menopause.

Please check the box or circle the number 2 to answer each item.

Your answers will tell us three important things:

1. What matters most to you?
2. How well are we doing our job of giving you information?
3. What do you talk about with your health care providers?

Thank you!

Section 1: What Matters Most to You

This set of questions includes some reasons other women have given for choosing how to manage their menopause symptoms. We are interested in what is important to you.

Please mark on a scale from 0 to 10, how important each of the following are to you for your decision about how to manage your menopause symptoms.

How important is it to you to . . .

	Not at all important									Extremely important	
1.1. reduce night sweats?.....	0	1	2	3	4	5	6	7	8	9	10
1.2. reduce hot flashes?.....	0	1	2	3	4	5	6	7	8	9	10
1.3. reduce vaginal dryness?.....	0	1	2	3	4	5	6	7	8	9	10
1.4. improve sexual functioning?.....	0	1	2	3	4	5	6	7	8	9	10
1.5. manage symptoms naturally?.....	0	1	2	3	4	5	6	7	8	9	10
1.6. avoid taking hormone therapy for your symptoms?.....	0	1	2	3	4	5	6	7	8	9	10
1.7. avoid taking something that might increase your chance of getting breast cancer in the future?.....	0	1	2	3	4	5	6	7	8	9	10

1.8. Which treatment do you want to do to manage your menopause symptoms?

- Hormone therapy
- Non-hormone therapy options
- I am not sure

Section 2: Facts about Menopause

This set of questions asks about some facts doctors think are important for patients to know about menopause. The correct answer to each question is based on medical research. Please do your best to answer each question.

2.1. Symptoms of menopause can include hot flashes, night sweats, and vaginal dryness. Which treatment option is most likely to relieve symptoms of menopause?

- Hormone therapy
- Non-hormone prescription drugs, like antidepressant medicine
- Herbal remedies or supplements
- All are about the same

2.2. Over time, without treatment, what usually happens to **vaginal dryness**?

- It gets worse
- It gets better
- It stays about the same

2.3. Over time, without treatment, what usually happens to **hot flashes and night sweats**?

- They happen more often
- They happen less often
- They stay about the same

For question 2.4 to 2.7, please mark whether or not hormone therapy can help relieve the menopause symptom listed.

2.4. Can hormone therapy help relieve **hot flashes**?

- Yes
- No

2.5. Can hormone therapy help relieve **night sweats**?

- Yes
- No

2.6. Can hormone therapy help relieve **vaginal dryness**?

- Yes
- No

2.7. Can hormone therapy help relieve **joint pain**?

- Yes
- No

Section 3: Talking With Health Care Providers

Please answer these questions about what happened when you talked with health care providers including doctors, nurses and other health care professionals about managing your menopause symptoms.

3.1. Did any of your health care providers talk about taking hormone therapy to manage your menopause symptoms as an option for you?

Yes

No

3.2. How much did you and your health care providers talk about the reasons to take hormone therapy to manage your menopause symptoms?

A lot

Some

A little

Not at all

3.3. How much did you and your health care providers talk about the reasons **not** to take hormone therapy to manage your menopause symptoms?

A lot

Some

A little

Not at all

3.4. How much did you and your health care providers talk about options other than hormone therapy to treat your menopause?

A lot

Some

A little

Not at all

3.5. Did any of your health care providers ask you whether or not you wanted to take hormone therapy to manage your menopause symptoms?

Yes

No

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