Hot flush frequency:

1. How often have you had hot flushes in the past week?

Please estimate: ______ times each day, or ______ times each week

2. If you have night sweats, how often have they woken you up in the past week?

Please estimate: ______ times each night, or ______ times each week

Hot Flush Problem-Rating:

Please circle a notch on each scale to indicate how your flushes/sweats have been during the past week:

3. To what extent do you regard your flushes/sweats as a problem?

No problem 1 2 3 4 5 6 7 8 9 10 Very much a problem at all

4. How distressed do you feel about your hot flushes?

Not distressed 1 2 3 4 5 6 7 8 9 10 Very distressed indeed at all

5. How much do your hot flushes interfere with your daily routine?
Not at all 1 2 3 4 5 6 7 8 9 10 Very much indeed

Add up the numbers of hot flushes and night sweats in the past week which gives your

**Hot flush frequency total score** = ............

and add up the scores on numbers 3, 4 and 5 and divide by 3. This will give you your

**Problem-Rating score** = ................. which is the main measure that we aim to change.

*Figure 1.3* Hot Flush Rating Scale: frequency and problem-rating (Hunter and Liao 1995)