



MENOPAUSE SYMPTOM TRACKER



SYMPTOMS

0 = NO PROBLEM | 1 = MILD SYMPTOMS | 2 = SEVERE SYMPTOMS
3 = EXTREMELY SEVERE SYMPTOMS

PHYSICAL SYMPTOMS	0	1	2	3
Hot flashes/Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin (dryness, itching or acne)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aching joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight gain or bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast tenderness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UTI, urinary frequency & leakage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSYCHOLOGICAL SYMPTOMS				
Worry or anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower self confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low mood or depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easily tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased ability to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain fog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to multi task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Stage 1:

- What are your symptoms?
- Do you experience these symptoms more at certain times?
- Prioritise the top 3 or 4
- How do they affect you at home and at work?

Stage 2:

- What is your personal philosophy to manage symptoms and long-term health?
- Do you prefer the medical, complementary or lifestyle approach, or a combination?
- Decide who you are going to talk to and when.
- Establish who can help you at home and at work.





WHAT NEXT?

Stage 3:

- What do you plan to do to:
 - Learn more about menopause (if you need to)?
 - Manage your symptoms and long-term health?
 - Decide who are you going to talk to? And by when?
 - Understand who can help you (at work, at home)?

