

Menopause Symptom Tracker

Name _____ Start date _____

Score each symptom once a week

0 None **1** Mild **2** Moderate **3** Severe

Symptom	Wk 1	Wk 2	Wk 3	Wk 4	Notes
● COMMON SYMPTOMS					
Hot flushes					
Night sweats					
Sleep disruption					
Vaginal dryness					
● PHYSICAL					
Joint or muscle aches					
Dry or itchy skin					
Hair thinning					
Weight changes					
Headaches or migraines					
Heart palpitations					
Urinary symptoms					
Mouth or gum changes					
● MIND AND MOOD					
Brain fog or memory problems					
Fatigue					
Anxiety					
Irritability or mood swings					
Low mood					
Reduced libido					
● ANYTHING ELSE					
Other:					
Other:					



Track for four weeks, then take this to your GP or clinician.

A clear record helps them see the full picture.

Periods, daily life and your appointment

Period Log

Note any changes to how often your periods come, how long they last and how heavy they are.

Start date	End date	Flow light, normal, heavy	Notes

Sleep

Average hours a night, and what wakes you.

Contraception and Medication

What you currently take or use.

How Are Symptoms Affecting Daily Life?

Think about work, relationships, exercise and anything you have stopped doing.

Questions to Ask Your GP

Tick the ones you want to ask, and add your own.

☐ Could these symptoms be related to perimenopause, or should we check for another cause?

☐ Which treatments might help my most troublesome symptoms?

☐ What are the benefits and risks of HRT for me?

☐ Do I need any tests, and what would the results change?

☐ When should we review whether the treatment is helping?

☐ My question: _____

Get Help Straight Away

- Palpitations with chest pain, fainting or severe breathlessness should not be put down to menopause. **Call 999.**
- Any bleeding after menopause should be **checked by a GP.**