

MENOPAUSE SYMPTOM TRACKER

This tracker is intended to help gather information that can be used in an appointment with a medical professional, so it's clearer what's being experienced, how often, and the impact

How to complete the month symptom tracker:

If you experience a symptom, mark that day of the month.

You can either simply place a tick in the relevant box, or you could put a score of severity/disruption out of 5 (with 1 being minor and 5 being very severe)

How to complete the symptom detail log:

If you experience a symptom, give detail of what you are experiencing in the symptom detail log.

Describe what happens, what you feel, whether it's in a particular situation or at a particular time, or seems triggered by something.

You can print more pages of this if required

Note: the UK NICE guidelines on menopause state that, if aged over 45, diagnosis should be made on symptoms not blood tests

Need more information / support?

For women: <https://nikiwoods.com>

IG: @nikiwoodsbestmidlife

Free FB group: @yourbestmidlife

For men: <https://themansguidetomenopause>

IG: @themansguidetomenopause

Free FB group: @themansguidetomenopause

You can buy the book *The Man's Guide to Menopause* on Amazon

SYMPTOM TRACKER for the month of _____

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Symptom / Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Menstrual symptoms																															
Urinary symptoms																															
Digestive symptoms																															
Genital symptoms																															
Change in libido																															
Hot flushes / night sweats																															
Cold flashes																															
Hair changes																															
Eye changes																															
Nail changes																															
Skin changes																															
Changes in skin sensation																															
Ear changes (inc. tinnitus)																															
Restless legs																															
Muscle symptoms/changes																															
Joint symptoms																															
Allergy/tolerance changes																															
Breast changes																															
Changed heartbeat																															
Headache/migraine																															
Cold hands/feet																															
Dizziness or similar																															
Change in alcohol tolerance																															
Insomnia/sleep disturbance																															
Brainfog																															
Difficulty focusing																															
Memory issues																															
Mood shifts/swings																															
Depression or low mood																															
Anxiety or panic																															
Fatigue																															
Weight gain																															

SYMPTOM DETAIL LOG

Symptom	Detail of symptom experienced & impact

SYMPTOM DETAIL LOG

Symptom	Detail of symptom experienced & impact

