

Menopause Symptom Tracker

Mark each day you experience a symptom.

Use the following legend to track frequency and severity:

L = low severity and/or 1-2 occurrences daily

M = moderate severity and/or 3-5 occurrences daily

H = High severity and/or 6+ occurrences daily

Feel free to add notes that include details/character of the symptoms, duration, intensity and any triggers of your symptoms.

| Month: | 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 |
|------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Hot/Cold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flushes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Night Sweats | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Palpitations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emotional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| changes; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| anger, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Irritability and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mood swings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sleep issues / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fatigue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Low sex drive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dry skin, hair, | | | | | | | | | | | | | | | | | | | | | | | | | | | | • | | | |
| nails, month, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| yes and | \Box |
|-----------------|--------|
| agina | |
| Mental illness: | |
| nxiety, | |
| lepression | |
| Brain fog, lack | |
| f focus, faulty | |
| nemory, poor | |
| oncentration | |
| Breasts | |
| enderness | |
| leadaches, | |
| nigraine Ó | |
| Digestive | |
| ssues: | |
| oloating, gas, | |
| cid reflux, | |
| onstipation | |
| Vorsen Vorsen | |
| llergies | |
| lair | |
| oss/thinning | |
| 1ore facial | |
| air | |
| Dizziness and | |
| 'ertigo | |
| Body odor | |
| hange | |
| Ory and | |
| oleeding | |
| iums, bad | |
| oreath, | |
| ensitive teeth | |
| Burning | |
| ongue or roof | |
| f mouth | |

| | | | _ | | | | | | | | | | | |
|--|------|------|-------|--|--|--|--|--|------|------|--|------|--|--|
| Ringing in the ears | | | | | | | | | | | | | | |
| Eye issues | | | | | | | | | | | | | | |
| Twitches | | | | | | | | | | | | | | |
| Restless legs | | | | | | | | | | | | | | |
| Acne | | | | | | | | | | | | | | |
| Breathlessness | | | | | | | | | | | | | | |
| Incontinence, UTI's, increased urgency | | | | | | | | | | | | | | |
| Achy joints and muscles | | | | | | | | | | | | | | |
| Tingling extremities | | | | | | | | | | | | | | |
| Weight gain, especially in the belly | | | | | | | | | | | | | | |
| Irregular periods that are heavier/lighter than usual, | | | | | | | | | | | | | | |
| Pelvic Floor Issues | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | |