

Menopause symptom checklist

Print and bring this to your GP or healthcare provider to guide your discussion.

Instructions: Tick the symptoms you have noticed in the past month. For each, circle how much they affect your daily life: **0** = not at all | **1** = mild | **2** = moderate | **3** = severe

Physical symptoms

Hot flushes / sudden warmth	0	1	2	3
Night sweats	0	1	2	3
Irregular or missed periods	0	1	2	3
Changes in menstrual flow	0	1	2	3
Vaginal dryness or irritation	0	1	2	3
Pain or discomfort during intimacy	0	1	2	3
Frequent or urgent need to urinate	0	1	2	3
Joint or muscle aches	0	1	2	3
Headaches or migraines	0	1	2	3
Weight changes or bloating	0	1	2	3
Changes in hair or skin (thinning, dryness)	0	1	2	3
Breast tenderness	0	1	2	3

Sleep and energy

Trouble falling asleep	0	1	2	3
Waking often at night	0	1	2	3
Feeling unrefreshed in the morning	0	1	2	3
Fatigue or low stamina	0	1	2	3

Mood and memory

Irritability or mood swings	0	1	2	3
Anxiety or nervousness	0	1	2	3
Low mood or sadness	0	1	2	3
Trouble concentrating	0	1	2	3
Forgetfulness or 'brain fog'	0	1	2	3

Other changes

Changes in sexual desire	0	1	2	3
Dizziness or balance issues	0	1	2	3
Tingling in hands or feet	0	1	2	3
Dry eyes or mouth	0	1	2	3
Heart palpitations	0	1	2	3

Notes for my doctor:

Questions I'd like to ask:
