



# Symptoms Tracker

**Step 1** Add in the month and the dates of the month in the small box

**Step 2** Record each symptom using the name or if you have many symptoms, you may find it easier to use the corresponding number

SYMPTOMS TRACKER							Month: <input type="text"/>
SUN	MON	TUES	WED	THURS	FRI	SAT	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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## Menopause Symptoms

- |                                      |                                      |                           |
|--------------------------------------|--------------------------------------|---------------------------|
| 1. Hot flashes/night sweats          | 11. Weight gain                      | 21. Incontinence          |
| 2. Fatigue                           | 12. Palpitations/irregular heartbeat | 22. UTI's/thrush/cystitis |
| 3. Anxiety/panic attacks             | 13. Nausea                           | 23. Vaginal dryness       |
| 4. Dizziness                         | 14. Migraines/headaches              | 24. Tingling              |
| 5. Loss of sex drive/sexual problems | 15. Allergies                        | 25. Tender breasts        |
| 6. Mood swings                       | 16. Irregular periods                | 26. Heavy periods         |
| 7. Irritability                      | 17. Itchy skin                       | 27. Skin changes          |
| 8. Insomnia                          | 18. Joint and muscle pain            | 28. Dry/burning mouth     |
| 9. Hair loss/gain                    | 19. Low mood/feelings of depression  | 29. Electric shocks       |
| 10. Brain fog                        | 20. Digestive problems               |                           |