Change it up!

Symptoms Questionnaire

Below is a list of the most common menopause symptoms. Take your time to think about your body and the changes you are experiencing.

Rate each symptom from:
1 = no symptom to 10 = having a significant impact of your day to day life

Hot Flashes/Night sweats	1	2	3	4	5	6	7	8	9	10
Difficulty concentrating	1	2	3	4	5	6	7	8	9	10
Fatigue	1	2	3	4	5	6	7	8	9	10
Anxiety/Panic attacks	1	2	3	4	5	6	7	8	9	10
Irritable/Mood swings	1	2	3	4	5	6	7	8	9	10
Insomnia	1	2	3	4	5	6	7	8	9	10
Loss of libido/painful sex/sexual problems	1	2	3	4	5	6	7	8	9	10
Brain fog	1	2	3	4	5	6	7	8	9	10
Weight gain	1	2	3	4	5	6	7	8	9	10
Irregular/heavy periods	1	2	3	4	5	6	7	8	9	10
Migraines/headaches	1	2	3	4	5	6	7	8	9	10
Bloating/digestive problems	1	2	3	4	5	6	7	8	9	10
Joint pain/aching muscles	1	2	3	4	5	6	7	8	9	10
Hair loss	1	2	3	4	5	6	7	8	9	10
Palpitations	1	2	3	4	5	6	7	8	9	10
Itchy/dry skin	1	2	3	4	5	6	7	8	9	10
Depression/low mood	1	2	3	4	5	6	7	8	9	10
Incontinence/Bladder weakness	1	2	3	4	5	6	7	8	9	10
Vaginal dryness/itching/sore	1	2	3	4	5	6	7	8	9	10
Dizziness/Nausea	1	2	3	4	5	6	7	8	9	10
Allergies	1	2	3	4	5	6	7	8	9	10

Once you can identify your symptoms and the impact they are having, you can implement changes to make the transition easier. You can also take this form with you to your GP, just in case brain fog kicks in when you get there!