

## MENOPAUSE SYMPTOM CHECKLIST

Use this table to track the symptoms you are experiencing as 0 (none), 1 (mild), 2 (moderate), 3 (severe). You may wish to copy this page and revisit it every 3 to 6 months to see how your symptoms change over time.

Date: \_\_\_\_\_

0	1	2	3	Hot flashes	0	1	2	3	Decreased muscle mass
0	1	2	3	Night sweats	0	1	2	3	Excess facial/body hair
0	1	2	3	Heart palpitations	0	1	2	3	Loss of scalp hair
0	1	2	3	Water retention	0	1	2	3	Increased acne
0	1	2	3	Cold body temp	0	1	2	3	Oily Skin
0	1	2	3	Weight gain – waist	0	1	2	3	Muscle aches/stiffness
0	1	2	3	Weight gain – hips	0	1	2	3	Bone Loss
0	1	2	3	Sleep disturbances	0	1	2	3	Vaginal dryness
0	1	2	3	Low blood sugar	0	1	2	3	Incontinence
0	1	2	3	Allergies	0	1	2	3	Breast tenderness
0	1	2	3	Nausea	0	1	2	3	Fibrocystic breasts
0	1	2	3	Fatigue	0	1	2	3	Bleeding chnages
0	1	2	3	Drowsiness	0	1	2	3	Uterine fibroids
0	1	2	3	Low sex drive	0	1	2	3	Bleeding welling
0	1	2	3	Headaches	0	1	2	3	Feel ‘pressed for time’
0	1	2	3	Feel ‘tired but wired’	0	1	2	3	Unable to cope
0	1	2	3	Tearfulness	0	1	2	3	Poor exercise tolerance
0	1	2	3	Depression	0	1	2	3	Caffeine consumption
0	1	2	3	Mood swings	0	1	2	3	Morning Sluggishness
0	1	2	3	Irritability	0	1	2	3	Memory lapses
0	1	2	3	Anxiety	0	1	2	3	Foggy thinking
0	1	2	3	Feel ‘burned out’	0	1	2	3	
0	1	2	3		0	1	2	3	

Note any major life changes or stressors that have happened around the time you are tracking your symptoms.

-----

-----

### HORMONE TESTING & WEIGHT LOSS

call/text: 416-884-8444 | e: [kelly@avitaintegrativehealth.ca](mailto:kelly@avitaintegrativehealth.ca)

[www.hormonetesting.ca](http://www.hormonetesting.ca)   