



Menopause Symptom Tracker

Your Data. Your Voice. Your Appointment

When you're dealing with a mix of physical and psychological changes, trying to explain it all in a few minutes can feel incredibly overwhelming. It's entirely normal to freeze up or forget your most critical points.

That's why this tracker was created!

By tracking your patterns, you are shifting from feeling controlled by your symptoms to gathering powerful data. This summary page is designed to be your advocate. It condenses your experience into a clear, clinical overview so your GP or hormone specialist can see exactly what is happening at a glance.

How to use this tracker: Fill out the symptom logs on the following pages, then use that data to complete this front-page summary. Take this page directly into your appointment, hand it to your practitioner, and use it to steer the conversation toward the solutions you deserve.

My Menopause Appointment Summary

Name: [_____] Date of Birth: [_____] Date: [_____]

Symptom Overview (Including impact, severity & frequency)

1. Mind & Mood

2. Sleep & Energy

3. Body Systems

4. Pelvic & Intimate Health

5. Heart & Digestion

My Top 3 Most Bothersome Symptoms

Prioritised by what's impacting my quality of life the most right now.

- 1.
- 2.
- 3.

My Appointment Goals & Questions

What I want to achieve by the end of this consultation.

Goal 1:

Goal 2:

Questions/Notes:



Symptom Checklist

Page One

Review the list of symptoms on the next few pages, and tick any you've experienced over the last few months. Note how severe they felt, and how often they occurred. Take this completed tracker to your next doctor's appointment to advocate for your health.

	Severity			
	-	+	++	Frequency
1. Mind & Mood				
Brain Fog: Forgetfulness, losing your train of thought, or trouble concentrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sudden Anxiety: Low or heightened feelings of panic, worry or dread.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mood Swings & Irritability: Rapid shifts in mood that feel out of character.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Loss of Confidence: Suddenly second-guessing your decisions or abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Low Mood or Drive: Feeling unusually flat, unmotivated, or detached.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Worsening PMS: Premenstrual symptoms feeling much more intense than previously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Reflection: How are these specific mind and mood symptoms impacting my daily life, career, or relationships?

Symptom Checklist

Page Two

Severity

2. Sleep & Energy

-

+

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Frequency

Insomnia: Trouble falling asleep, or waking up at 2 am/3am unable to drift off.

Night Sweats: Waking up hot and drenched, sometimes needing to change clothes.

Crushing Fatigue: A deep, physical or mental exhaustion that sleep doesn't fix.

3. Body Systems

Joint Pain & Stiffness: Aches in knees, hips, or fingers (often worst in the morning).

Muscle Tension: General aches or a feeling of tight, rigid muscles.

Hot Flashes: Sudden feelings of heat, sweating, or flushing.

Headaches or Migraines: New headaches or your usual migraines becoming more frequent.

Symptom Checklist

Page Three

	Severity			Frequency
3. Body Systems	-	+	++	
Dizziness or Vertigo: Sensation of spinning or feeling unsteadily off-balance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Itchy, dry or sensitive skin: Feeling like your skin has suddenly changed texture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Formication: A strange sensation like insects crawling on or under your skin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hair & Nail Changes: Thinning hair, hair loss, or brittle, snapping nails.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Reflection: How are these specific sleep, energy or physical symptoms impacting my daily life, career, or relationships?

Symptom Checklist

Page Four

Severity

4. Pelvic & Intimate Health

-

+

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Frequency

Urinary

Frequency/Urgency:

Needing to pee more often/urgently, or leaking when laughing/coughing.

Recurrent UTIs: Getting frequent, painful urinary tract infections.

Vaginal Discomfort:

Dryness, itching, or pain during intimacy.

Loss of Libido: Noticeable, persistent drop in sexual desire.

Irregular Cycles: Periods becoming closer together, further apart, lighter, or much heavier (flooding).

Reflection: How are these specific symptoms impacting my daily life?

Symptom Checklist

Page Five

Severity

5. Heart & Digestion

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+

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Frequency

Heart Palpitations: A racing, pounding, or fluttering heartbeat out of nowhere.

Digestive Changes: New bloating, acid reflux, sluggish gut, or food intolerances.

Change in Body Odour: Noticing your sweat smells different or stronger.

Weight Shifts: Changes in body shape, particularly stubborn weight gain around the middle.

Altered Taste/Burning Mouth: A metallic taste or a burning sensation on the tongue.

Electric Shock Sensations: A quick, zapping feeling under the skin (often before a flush).

Reflection: How are these specific symptoms impacting my daily life?

Finished your tracker? Scan here for next steps, resources, and coaching support

