




PERIMENOPAUSE / MENOPAUSE SYMPTOM CHECKLIST

Menopause typically occurs between ages 45 and 55 however, for some women it could start a lot earlier. It is characterised by a decrease in estrogen and other hormone levels, leading to a variety of symptoms. To date there are 34 common symptoms.



MENOPAUSE

SYMPTOM CHECKLIST

The self-assessment symptom checklist is a useful tool as it helps in self-awareness, tracking symptoms, preparing for medical consultations, and making informed decisions about managing menopause..

INITIAL ASSESSMENT AND BASELINE DATA

Use the checklist to record your current symptoms, health status, and lifestyle habits.

- Note any pre-existing conditions (e.g., thyroid issues, osteoporosis, cardiovascular health).
- Record your menstrual patterns, including irregularities or changes.

TRACKING SYMPTOMS OVER TIME

- Regularly update the checklist to monitor the onset, frequency, and severity of symptoms such as hot flashes, night sweats, mood changes, sleep disturbances, etc.
- This helps identify patterns and triggers (e.g., certain foods, stress, environment).

IDENTIFYING AREAS FOR SUPPORT

- Highlight symptoms that are impacting your daily life.
- Determine which symptoms you want to address first—whether through lifestyle changes, medical treatment, or alternative therapies.

PREPARING FOR HEALTHCARE VISITS

- Bring your completed checklist to appointments.
- Share detailed information about your symptoms, their frequency, and severity.
- Use it to discuss treatment options, including HRT, medications, or lifestyle modifications.

MONITORING RESPONSE TO INTERVENTIONS

- After starting treatment or lifestyle changes, continue updating the checklist.
- Track improvements or side effects to assess effectiveness.

PERIMENOPAUSE / MENOPAUSE SYMPTOM CHECKLIST

Month: Week:

SYMPTOM	Frequency (daily, occasionally, mild)	Severity (1-10)	Notes / triggers
1. Hot flashes			
2. Night sweats			
3. Irregular periods			
4. Vaginal dryness			
5. Decreased libido (sex drive)			
6. Mood swings			
7. Anxiety			
8. Depression			
9. Sleep disturbances or insomnia			
10. Fatigue			
11. Weight gain			
12. Thinning hair			
13. Hair loss			
14. Breast tenderness or changes			
15. Joint pain or stiffness			
16. Muscle aches			
17. Memory problems forgetfulness			

PERIMENOPAUSE / MENOPAUSE SYMPTOM CHECKLIST

Month: Week:

SYMPTOM	Frequency (daily, occasionally, mild)	Severity (1-10)	Notes / triggers
18. Difficulty concentrating			
19. Urinary urgency or incontinence			
20. Increased urinary tract infections			
21. Itchy, dry skin			
22. Changes in body odor			
23. Dizziness or light-headedness			
24. Palpitations (irregular heartbeat)			
25. Headaches or migraines			
26. Breast swelling or tenderness			
27. Changes in appetite			
28. Digestive issues (bloating, constipation)			
29. Mood swings or irritability			
30. Reduced bone density (osteoporosis risk)			

PERIMENOPAUSE / MENOPAUSE SYMPTOM CHECKLIST

Month: **Week:**

[illegible]



TIPS FOR EFFECTIVE USE

Be Honest and Detailed:

Accurate recording helps in understanding your unique experience.

Share with Healthcare Providers:

Use the data during medical consultations to guide treatment decisions.

Review Regularly:

Reassess your symptoms monthly or quarterly to identify changes and trends.