



Menopause Symptom Tracker

A simple way to notice patterns and track change over time

Use this tracker to record how much each symptom has bothered you recently. Complete it before a consultation or repeat it at regular intervals to notice patterns. Tick one box per symptom and add useful details such as timing, triggers or effect on daily life.

SYMPTOM	NOT AT ALL 0	A LITTLE 1	QUITE A BIT 2	EXTREMELY 3	NOTES / PATTERN
MOOD AND EMOTIONAL WELLBEING					
Feeling anxious, tense or on edge	☐	☐	☐	☐	
Panic feelings or sudden anxiety	☐	☐	☐	☐	
Low mood or feeling unhappy	☐	☐	☐	☐	
Mood changes or tearfulness	☐	☐	☐	☐	
Irritability or feeling less patient	☐	☐	☐	☐	
Feeling overwhelmed	☐	☐	☐	☐	
Reduced confidence	☐	☐	☐	☐	
Loss of interest or motivation	☐	☐	☐	☐	
MEMORY, CONCENTRATION, SLEEP AND ENERGY					
Difficulty concentrating or 'brain fog'	☐	☐	☐	☐	
Forgetfulness or memory changes	☐	☐	☐	☐	
Difficulty falling or staying asleep	☐	☐	☐	☐	
Feeling tired or lacking energy	☐	☐	☐	☐	

Important: This tracker records your experience; it does not diagnose perimenopause or menopause. Some symptoms can have other causes and should be assessed in context.



Your symptoms - continued

Tick one box for each symptom

SYMPTOM	NOT AT ALL 0	A LITTLE 1	QUITE A BIT 2	EXTREMELY 3	NOTES / PATTERN
HOT FLUSHES AND SWEATS					
Hot flushes or sudden feelings of heat	☐	☐	☐	☐	
Night sweats	☐	☐	☐	☐	
PHYSICAL SYMPTOMS					
Heart racing, pounding or palpitations	☐	☐	☐	☐	
Headaches or migraine changes	☐	☐	☐	☐	
Feeling dizzy or faint	☐	☐	☐	☐	
Muscle aches or joint pains	☐	☐	☐	☐	
Pins and needles or altered skin sensation	☐	☐	☐	☐	
Changes in skin, hair or nails	☐	☐	☐	☐	
Weight or body-shape changes	☐	☐	☐	☐	
Breast tenderness	☐	☐	☐	☐	
BLADDER, VAGINAL AND SEXUAL WELLBEING					
Vaginal or vulval dryness, soreness or itching	☐	☐	☐	☐	
Pain or discomfort during sex	☐	☐	☐	☐	
Reduced interest in sex or reduced arousal	☐	☐	☐	☐	
Urinary urgency, frequency, leakage or repeated UTIs	☐	☐	☐	☐	
PERIODS AND BLEEDING					
Change in the timing or regularity of periods	☐	☐	☐	☐	
Heavier, longer or more painful periods	☐	☐	☐	☐	
Spotting or unexpected bleeding	☐	☐	☐	☐	

Personal symptom total: _____

Add your ratings only if helpful. Compare your own totals over time rather than using the number as a diagnosis. Bring this tracker to your consultation so symptoms, bleeding and treatment response can be reviewed together.

