

Peri / Menopause Symptom Tick sheet

Keep a track of you symptoms and severity from Week 1 to Week 5 (1 is low, 5 is high) - How do they improve?

**Symptoms Scale 1- 5 Before Notes Scale 1 -5 After**

|  |  |  |  |
| --- | --- | --- | --- |
| Tiredness  |   |   |   |
| Difficulty concentrating  |   |   |   |
| Memory Lapses  |   |   |   |
| Low Moods  |   |   |   |
| Anxiety /Overwhelm |   |   |   |
| Stress  |   |   |   |
| Panic/fearfulness  |   |   |   |
| Dizziness  |   |   |   |
| Digestive Issues  |   |   |   |
| Muscle tension  |   |   |   |
| Joint pain  |   |   |   |
| Weight gain/ belly fat  |   |   |   |
| Vaginal dryness /atrophy |   |   |   |
| Low Libido  |   |   |   |
| Hair getting thinner  |   |   |   |
| Bloating  |   |   |   |
| Changes in odour  |   |   |   |
| Breast pain  |   |   |   |
| Incontinence  |   |   |   |
| Heavy Periods |  |  |  |
| Headaches  |   |   |   |
| Mood Swings  |   |   |   |
| Tingling extremities  |   |   |   |
| Burning tongue/ Electric shocks  |   |   |   |
| Brittle nails  |   |   |   |
| Night sweats  |   |   |   |
| Irritability  |   |   |   |
| Itchy Skin  |   |   |   |
| Palpitations |   |   |   |
| Hot Flushes  |   |   |   |
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| Notes: |

Supplements sheet

**Supplements Start Date Why am I taking this?**

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| Notes |