

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 | | |