Menopause symptoms diary

DD/MM/YYYY – DD/MM/YYYY

Helping you track your symptoms.

For more information on menopause, visit
bupa.co.uk/menopause-support

If you suspect you might be experiencing menopausal symptoms, or have already been diagnosed, it may be helpful to keep a record of your symptoms. This could be to help you have a conversation with a GP or to help you figure out what works best for you in terms of managing your symptoms.

This one month diary will allow you to track which days you experienced symptoms, what those symptoms were and their severity. We've also added some space at the end of each page for you to make notes on how you felt overall that week, treatments you tried and any impact on your day-to-day life.

You don't need to keep a diary for a month. You could track your symptoms for just a week, or you could track them for a few months. It's completely up to you.

Just download a new copy of the diary **here** if you've completed this one.

If you want to use this diary to help you have a conversation with a GP, it might be useful to also make a note of:

How long you've been experiencing your symptoms:

And when was your last period:

Week one

Week beginning D D M M Y Y Y Y

How intense are the following symptoms on a scale of 0 to 10? (0 being not experiencing the symptom at all and 10 being very hard to cope with)

Day of the week	Are you on your period?	Hot flushes	Night sweats	Struggling to concentrate/forget things easily	Vaginal dryness or discomfort	Headaches	Feeling anxious, irritable and/or low	Heart palpitations	Sore joints and/or muscles	Poor quality sleep	Tingly or itchy skin
M											
T											
W											
T											
F											
S											
S											

If you had a period this week, was there anything unusual about it? Eg was it unusually light or heavy, or did it end sooner than you were expecting?

Did you take any medication/have any treatments to try and help ease any of your symptoms? How did it affect you?

Did you experience any other changes that you think might be related to the menopause eg hot flushes and night sweats, joint and muscle pain or stiffness or difficulty sleeping (insomnia)?

Week two

Week beginning D D M M Y Y Y Y

How intense are the following symptoms on a scale of 0 to 10? (0 being not experiencing the symptom at all and 10 being very hard to cope with)

Day of the week	Are you on your period?	Hot flushes	Night sweats	Struggling to concentrate/forget things easily	Vaginal dryness or discomfort	Headaches	Feeling anxious, irritable and/or low	Heart palpitations	Sore joints and/or muscles	Poor quality sleep	Tingly or itchy skin
M											
T											
W											
T											
F											
S											
S											

If you had a period this week, was there anything unusual about it? Eg was it unusually light or heavy, or did it end sooner than you were expecting?

Did you take any medication/have any treatments to try and help ease any of your symptoms? How did it affect you?

Did you experience any other changes that you think might be related to the menopause eg hot flushes and night sweats, joint and muscle pain or stiffness or difficulty sleeping (insomnia)?

Week three

Week beginning D D M M Y Y Y Y

How intense are the following symptoms on a scale of 0 to 10? (0 being not experiencing the symptom at all and 10 being very hard to cope with)

Day of the week	Are you on your period?	Hot flushes	Night sweats	Struggling to concentrate/forget things easily	Vaginal dryness or discomfort	Headaches	Feeling anxious, irritable and/or low	Heart palpitations	Sore joints and/or muscles	Poor quality sleep	Tingly or itchy skin
M											
T											
W											
T											
F											
S											
S											

If you had a period this week, was there anything unusual about it? Eg was it unusually light or heavy, or did it end sooner than you were expecting?

Did you take any medication/have any treatments to try and help ease any of your symptoms? How did it affect you?

Did you experience any other changes that you think might be related to the menopause eg hot flushes and night sweats, joint and muscle pain or stiffness or difficulty sleeping (insomnia)?

Week four

Week beginning D D M M Y Y Y Y

How intense are the following symptoms on a scale of 0 to 10? (0 being not experiencing the symptom at all and 10 being very hard to cope with)

Day of the week	Are you on your period?	Hot flushes	Night sweats	Struggling to concentrate/forget things easily	Vaginal dryness or discomfort	Headaches	Feeling anxious, irritable and/or low	Heart palpitations	Sore joints and/or muscles	Poor quality sleep	Tingly or itchy skin
M											
T											
W											
T											
F											
S											
S											

If you had a period this week, was there anything unusual about it? Eg was it unusually light or heavy, or did it end sooner than you were expecting?

Did you take any medication/have any treatments to try and help ease any of your symptoms? How did it affect you?

Did you experience any other changes that you think might be related to the menopause eg hot flushes and night sweats, joint and muscle pain or stiffness or difficulty sleeping (insomnia)?

Week five

Week beginning D D M M Y Y Y Y

How intense are the following symptoms on a scale of 0 to 10? (0 being not experiencing the symptom at all and 10 being very hard to cope with)

Day of the week	Are you on your period?	Hot flushes	Night sweats	Struggling to concentrate/forget things easily	Vaginal dryness or discomfort	Headaches	Feeling anxious, irritable and/or low	Heart palpitations	Sore joints and/or muscles	Poor quality sleep	Tingly or itchy skin
M											
T											
W											
T											
F											
S											
S											

If you had a period this week, was there anything unusual about it? Eg was it unusually light or heavy, or did it end sooner than you were expecting?

Did you take any medication/have any treatments to try and help ease any of your symptoms? How did it affect you?

Did you experience any other changes that you think might be related to the menopause eg hot flushes and night sweats, joint and muscle pain or stiffness or difficulty sleeping (insomnia)?

FEB24 BINS 06002