

# MENOPAUSE SYMPTOM CHECKER

Recording your symptoms is a good way to understand the changes that are happening to you and can help with a diagnosis of perimenopause / menopause when discussing this with your GP

| HERE'S A LIST OF COMMON SYMPTOMS | YES | NO |
|----------------------------------|-----|----|
| Hot flushes / Night sweats       |     |    |
| Brain fog & forgetfulness        |     |    |
| Anxiety & depression             |     |    |
| Changes to hair & skin           |     |    |
| Vaginal atrophy, painful sex     |     |    |
| Low libido, lack of desire       |     |    |

| OTHER SYMPTOMS YOU MAY EXPERIENCE | YES | NO |
|-----------------------------------|-----|----|
| Low mood                          |     |    |
| Mood swings                       |     |    |
| Crying spells                     |     |    |
| Loss of confidence                |     |    |
| Poor concentration                |     |    |
| Poor memory                       |     |    |
| Loss of joy                       |     |    |
| Reduced self esteem               |     |    |
| Irritability                      |     |    |
| Palpitations                      |     |    |
| Difficulty sleeping               |     |    |
| Tired / Lacking energy            |     |    |
| Headaches                         |     |    |
| Painful / Aching joints           |     |    |
| Changes to periods                |     |    |
| Urinary symptoms                  |     |    |
| Feeling dizzy / Faint             |     |    |
| Dry eyes / Ears                   |     |    |
| Oral health changes               |     |    |
| Thinning hair                     |     |    |
| Dry / Itchy skin                  |     |    |
| Tinnitus                          |     |    |
| Restless legs                     |     |    |
| Change to body odour              |     |    |
| Increased allergies               |     |    |
| Digestive issues                  |     |    |