

My Menopause Symptom Checklist

The questions below have been answered to the best of my knowledge to aid a discussion with my healthcare professional.

1. What age category do you fit into?

Answer:

2. When was your last period?

Answer:

3. Do you Smoke?

Answer:

4. What Symptoms are you experiencing? (Tick all the relevant boxes)

Hot Flashes

Night Sweats

Changes to your mood/irritability

Vaginal Dryness

Low Self Esteem

Low Libido

Brain Fog

Memory Loss

Changes in Weight

Low energy

Digestive Issues

Dizziness

Headaches

Disturbed sleep

Palpitations

Sensitive bladder

Painful or aching joints

Painful sex

5. Have you been diagnosed with any of the following conditions?

Osteoporosis

Osteopenia

Breast Cancer

Venous Thromboembolism

Stroke

6. On a scale of 1 to 10 (1 being the lowest and 10 being the highest) how are your menopausal symptoms impacting the quality of your daily life? **Answer:**

7. Please include any information that may be relevant below. **Answer:**