Menopause Check List – Physical Symptoms

Check all the symptoms that apply to you. If you have other symptoms not mentioned, please add them in the spaces below.

☐ Hot flashes or night sweats
☐ Sleep problems either falling asleep or waking up
☐ Irregular menstrual problems
☐ Vaginal dryness or discomfort during sex
☐ Bladder problems – leakage or more frequent urination
☐ Symptoms similar to PMS
☐ Rapid heart rate or palpitations
☐ Joint and muscle aches
☐ Weight gain
☐ Skin changes
☐ Dry eyes
☐ Hair changes – either thinning hair or more facial hair
☐ Increasing tiredness
☐ Headaches
☐ Leg cramps
☐ Increasing dental or oral cavity problems
☐ ___________________________________________
☐ ___________________________________________
☐ ___________________________________________

Print this list and share it with your doctor at your next visit.
Menopause Check List – Emotional Symptoms

Check all symptoms that apply to you. If you have other symptoms not mentioned, add them in the spaces below, print and take with you to your next doctor's visit.

☐ Mood swings
☐ Irritability
☐ Anxiety
☐ Depression
☐ Memory problems
☐ Loss of concentration
☐ Worsening of existing mental health condition
☐ Crying more often or more easily
☐ Loss of self-esteem
☐ Dream less or bad dreams
☐ Brain fog
☐ Overreacting
☐ Panic attacks
☐ Obsessive thinking
☐ Changing needs for mental health or sleep medications
☐ Chronically tired
☐ Stressed out
☐ __________________________________________
☐ __________________________________________
☐ __________________________________________