Name/Date of Birth _____

Month/Year _____

Dr. Mache's Menopause Symptom Chart

Use this chart to help you follow your symptoms and to share them with your menopause specialist.
Fill it out daily to get the most from it and help your doctor individualize your treatment plan.

Visit **DrMache.com** to sign up for a free eBook and the latest information of perimenopause and menopause.

How much your symptoms are affecting you:

1 = A little **2** = Medium Problem
3 = A Lot **Blank Square** = Not A Problem

Dr. Mache Seibel
DrMache.com

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MIND																															
Memory loss																															
Moody																															
Anxiety																															
Depression																															
Bitchy																															
Grumpy																															
Angry																															
Weepy																															
Withdrawn																															
Low Libido																															
BODY																															
Hot Flashes																															
Night Sweats																															
Bloated																															
Low Energy																															
Palpitations																															
Migraine																															
Joint Pain																															
Dry Eyes																															
Dry Skin																															
Vaginal Dryness																															
Painful Sex																															
Sensitive Bladder																															
Pimples/Acne																															
Weight Gain																															
Insomnia																															
Spotting/Bleeding																															
Breast Tenderness																															
Hair Loss																															
Chin Hairs																															
OTHER																															