MENOPAUSE SYMPTOM ASSESSMENT Name: D.O.B:

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| --- | --- | --- | --- |
| SYMPTOMS | YES | NO | DETAILS |
| Daytime sweats/flushes |  |  |  |
| Night sweats/flushes |  |  |  |
| Poor sleep |  |  |  |
| Fatigue |  |  |  |
| Anxiety/panic attacks |  |  |  |
| Low mood/depression |  |  |  |
| Mood swings/irritability/PMT worse |  |  |  |
| More emotional/tearful |  |  |  |
| Loss of joy/little interest in life |  |  |  |
| Reduced motivation |  |  |  |
| Reduced confidence/low self-esteem |  |  |  |
| Brain fog |  |  |  |
| Poor memory/word finding problems |  |  |  |
| Reduced concentration |  |  |  |
| Change in periods |  |  |  |
| Increasing headaches/migraines |  |  |  |
| Heart palpitations/breathing difficulties |  |  |  |
| Feeling faint/dizzy |  |  |  |
| Muscle aching/joint pains |  |  |  |
| Weight gain around the middle |  |  |  |
| Thin hair, dry hair/eyes/ears/nails |  |  |  |
| Dry mouth/burning tongue/metallic taste |  |  |  |
| Dry/itchy/spotty skin |  |  |  |
| Urinary symptoms |  |  |  |
| Vaginal symptoms/painful sex |  |  |  |
| Loss of libido |  |  |  |
| Tinnitus |  |  |  |
| Restless legs |  |  |  |
| Numbness/tingling of extremities |  |  |  |
| Increased allergies |  |  |  |