

SELF MENOPAUSE SYMPTOM CHECKER

KEEP THIS AS A DIARY OF EVIDENCE TO SHOW YOUR DOCTOR

| SYMPTOM | YES | NO | DETAILS |
|---------------------|------------|-----------|----------------|
| HOT FLUSHES | | | |
| NIGHT SWEATS | | | |
| IRREGULAR PERIODS | | | |
| LOSS OF LIBIDO | | | |
| VAGINAL DRYNESS | | | |
| MOOD SWINGS | | | |
| FATIGUE | | | |
| HAIR LOSS | | | |
| SLEEP DISORDERS | | | |
| POOR CONCENTRATION | | | |
| MEMORY LAPSES | | | |
| DIZZINESS | | | |
| WEIGHT GAIN | | | |
| INCONTINENCE | | | |
| BLOATING | | | |
| ALLERGIES | | | |
| BRITTLE NAILS | | | |
| CHANGES IN ODOUR | | | |
| IRREGULAR HEARTBEAT | | | |
| DEPRESSION | | | |
| ANXIETY | | | |
| IRRITABILITY | | | |
| PANIC DISORDER | | | |
| DRY SKIN | | | |
| BREAST PAIN | | | |
| HEADACHES | | | |
| JOINT PAIN | | | |
| BURNING TONGUE | | | |
| ELECTRIC SHOCKS | | | |
| INDIGESTION | | | |
| GUM BLEEDING | | | |
| MUSCLE TENSION | | | |
| ITCHY SKIN | | | |
| OSTEOPOROSIS | | | |