

What to track

Tracking your symptoms can be helpful in working out what is going on with your body, and also to share with your GP. It can also be used to assess changes in different symptoms, before and after HRT treatments. Please indicate the extent to which you are bothered by any of these symptoms (1 - a little; 2 - quite a bit; 3 - quite a lot)

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	Total	
Emotional	Mood swings																																	
	Fatigue																																	
	Anxiety																																	
	Confidence Loss																																	
	Depression																																	
	Trouble focussing																																	
	Poor concentration																																	
	Memory issues																																	
	Crying spells																																	
	Irritability																																	
Physical	Hot flushes/flushes																																	
	Cold flashes																																	
	Clamminess																																	
	Dry skin																																	
	Heart palpitations																																	
	Insomnia																																	
	Loss of libido																																	
	Irregular periods																																	
	Dry vagina																																	
	Incontinence																																	
	Itchy, crawly skins																																	
	Sore breasts																																	
	Headaches																																	
	Hair loss																																	
	Growing facial hair																																	
	Burning tongue																																	
Bleeding gums																																		
Loss of strength																																		

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	Total
	Brittle fingernails																																
	Change in odour																																
	Muscle/joint pain																																
	Loss of feeling																																
	Breathlessness																																
Digestion	Weight gain																																
	Bloating																																
	Food intolerances																																
	Bad breath																																
	Digestive issues																																
Vaso motor	Hot flushes																																
	Sweating																																
	Night sweats																																
Other																																	

My most impactful symptoms are:

	Symptom	Score	How it impacts my life
1			
2			
3			
4			
5			

Please indicate the extent to which you are bothered by any of these symptoms (1 - a little; 2 - quite a bit; 3 - quite a lot)

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	Total				
Emotional	Mood swings																																				
	Fatigue																																				
	Anxiety																																				
	Confidence Loss																																				
	Depression																																				
	Trouble focussing																																				
	Poor concentration																																				
	Memory issues																																				
	Crying spells																																				
	Irritability																																				
Physical	Hot flushes/flushes																																				
	Cold flashes																																				
	Clamminess																																				
	Dry skin																																				
	Heart palpitations																																				
	Insomnia																																				
	Loss of libido																																				
	Irregular periods																																				
	Dry vagina																																				
	Incontinence																																				
	Itchy, crawly skins																																				
	Sore breasts																																				
	Headaches																																				
	Hair loss																																				
	Growing facial hair																																				
	Burning tongue																																				
	Bleeding gums																																				
Loss of strength																																					
Brittle fingernails																																					
Change in odour																																					

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	Total	
	Muscle/joint pain																																	
	Loss of feeling																																	
	Breathlessness																																	
Digestion	Weight gain																																	
	Bloating																																	
	Food intolerances																																	
	Bad breath																																	
	Digestive issues																																	
Vaso motor	Hot flushes																																	
	Sweating																																	
	Night sweats																																	
Other																																		

My most impactful symptoms are:

	Symptom	Score	How it impacts my life
1			
2			
3			
4			
5			

Please indicate the extent to which you are bothered by any of these symptoms (1 - a little; 2 - quite a bit; 3 - quite a lot)

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	Total			
Emotional	Mood swings																																			
	Fatigue																																			
	Anxiety																																			
	Confidence Loss																																			
	Depression																																			
	Trouble focussing																																			
	Poor concentration																																			
	Memory issues																																			
	Crying spells																																			
	Irritability																																			
Physical	Hot flushes/flashes																																			
	Cold flashes																																			
	Clamminess																																			
	Dry skin																																			
	Heart palpitations																																			
	Insomnia																																			
	Loss of libido																																			
	Irregular periods																																			
	Dry vagina																																			
	Incontinence																																			
	Itchy, crawly skins																																			
	Sore breasts																																			
	Headaches																																			
	Hair loss																																			
	Growing facial hair																																			
	Burning tongue																																			
	Bleeding gums																																			
	Loss of strength																																			
Brittle fingernails																																				
Change in odour																																				

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	Total	
	Muscle/joint pain																																
	Loss of feeling																																
	Breathlessness																																
Digestion	Weight gain																																
	Bloating																																
	Food intolerances																																
	Bad breath																																
	Digestive issues																																
Vaso motor	Hot flushes																																
	Sweating																																
	Night sweats																																
Other																																	

My most impactful symptoms are:

	Symptom	Score	How it impacts my life
1			
2			
3			
4			
5			