More than hot flashes

Tick what you have noticed in the last few months. This is a prompt, not a diagnosis: many of these symptoms have other causes too, which is exactly why a clinician should look at the whole picture.

PERIODS AND CYCLE

- ☐ Irregular periods
- ☐ Heavier periods or flooding
- ☐ Lighter or shorter periods
- ☐ Skipped periods
- ☐ Spotting between periods

HOT FLASHES AND SWEATS

- ☐ Hot flashes
- ☐ Night sweats
- ☐ Cold flushes or chills

SLEEP

- ☐ Trouble falling asleep
- ☐ Waking in the night
- ☐ Unrefreshing sleep
- ☐ Restless legs

MOOD AND MIND

- ☐ Anxiety or panic attacks
- ☐ Low mood or depression
- ☐ Irritability
- ☐ Mood swings
- ☐ Brain fog
- ☐ Memory problems
- ☐ Difficulty concentrating
- ☐ Loss of confidence
- ☐ Loss of interest or motivation

ANYTHING ELSE I HAVE NOTICED

Based on symptom lists from the NHS, NHS Inform, The Menopause Charity and NHS trust patient information. Not exhaustive.

Body, pelvis, skin and the unexpected

BODY AND PAIN

- ☐ Fatigue or low energy
- ☐ Joint pain or stiffness
- ☐ Muscle aches
- ☐ Headaches or migraines (new or worse)
- ☐ Heart palpitations
- ☐ Dizziness
- ☐ Weight gain or body shape change
- ☐ Bloating or digestive changes
- ☐ Sore or tender breasts
- ☐ Pins and needles or tingling
- ☐ Electric-shock sensations

VAGINAL, URINARY, SEXUAL

- ☐ Vaginal or vulval dryness
- ☐ Itching or irritation
- ☐ Painful sex
- ☐ Low libido
- ☐ Needing to pee more often
- ☐ Leaking urine
- ☐ Recurrent UTIs or UTI-like symptoms

SKIN, HAIR AND OTHER

- ☐ Dry or itchy skin
- ☐ Acne
- ☐ Thinning hair
- ☐ Brittle nails
- ☐ Dry eyes
- ☐ Ringing in the ears (tinnitus)
- ☐ Burning mouth or sore gums

SYMPTOMS PEOPLE OFTEN DO NOT EXPECT

Palpitations, joint and muscle aches, itchy skin, tinnitus, tingling, new UTI-like symptoms, rage or anxiety out of nowhere, and brain fog are all on this list — and are often missed because they do not look like “menopause.” Write them down even if they seem unrelated.

Based on symptom lists from the NHS, NHS Inform, The Menopause Charity and NHS trust patient information. Not exhaustive.

My menopause summary

NAME _____ DATE OF BIRTH _____ TODAY _____

LAST PERIOD _____ CYCLE NOW _____ WEEKS TRACKED _____

WHAT I MOST NEED HELP WITH (IN ORDER)

1 _____

2 _____

3 _____

MAIN SYMPTOMS, OVER THE WEEKS I TRACKED

SYMPTOM	SEVERITY (0–3)	HOW OFTEN	SINCE WHEN

HOW IT AFFECTS MY DAILY LIFE

WHAT I HAVE TRIED, AND WHAT HAPPENED

MEDICINES, SUPPLEMENTS AND RELEVANT HISTORY (INCLUDING FAMILY)

WHAT I WOULD LIKE TO DISCUSS TODAY

Prepared by the patient from personal symptom records. Not a medical document.