

Menopause Symptoms Checklist

This checklist can be used periodically to review your menopause symptoms and their severity. We know that symptoms will change over time, so regular assessment is encouraged.

Tick the box that best describes how much you are suffering with or bothered by the symptom.



KEY: 0 – Not at all 1 – A little 2 – Quite often/badly 3 – A great deal

Date:

| Symptoms | 0 | 1 | 2 | 3 | Notes |
|--|---|---|---|---|-------|
| Heart beating quickly or strongly (palpitations) | | | | | |
| Feeling anxious, panic attacks | | | | | |
| Difficulty sleeping | | | | | |
| Feeling tense or nervous | | | | | |
| Difficulty concentrating | | | | | |
| Memory problems | | | | | |
| Feeling tired/lacking energy | | | | | |
| Mood swings/irritability | | | | | |
| Loss of interest in most things | | | | | |
| Feeling unhappy or depressed | | | | | |
| Muscle or joint pain | | | | | |
| Headaches or migraine | | | | | |
| Tinnitus (ringing or buzzing in the ears) | | | | | |
| Burning mouth | | | | | |
| Hot flushes | | | | | |
| Night sweats | | | | | |
| Feeling dizzy or faint | | | | | |
| Loss of libido/sex drive | | | | | |
| Pressure or tightness in head | | | | | |
| Pins and needles (in any part of the body) | | | | | |
| Breathing difficulties | | | | | |
| Urinary symptoms (cystitis, recurrent urinary tract infections (UTIs)) | | | | | |
| Symptoms due to vaginal dryness | | | | | |
| Weight gain | | | | | |
| Heavy periods | | | | | |
| Skin changes (itchy or dry skin, acne) | | | | | |