

Perimenopause & Menopause Symptom Checklist

Fill out at your own pace and take it to your next medical appointment.

Name:

Have you noticed changes to your periods?

Periods becoming irregular

Periods becoming heavier or lighter

Periods lasting longer or becoming shorter

Skipping periods or increasingly late periods

Are you experiencing any of these symptoms?

Hot flushes

Night sweats

Trouble sleeping or waking during the night

Feeling tired or having less energy

Brain fog or difficulty concentrating

Forgetfulness

Mood changes

Feeling anxious

Headaches

Heart racing or noticeable heartbeats

Muscle or joint aches

Changes in sexual desire

Vaginal dryness or discomfort

Pain or discomfort during sex

Bladder changes or urinary symptoms

Changes in weight or body composition

Itchy or dry skin

How are these changes affecting you?

Affecting my sleep

Making work more difficult

Affecting exercise or physical activity

Affecting my relationships

Affecting intimacy or sex

Affecting my mood or emotional wellbeing

Making everyday activities more difficult

I'm not sure if my symptoms are related to menopause

Is there anything else you would like to discuss with your doctor?