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Symptom diary · Week 1

Name: _____ Week starting: _____

Score each symptom: 0 none 1 mild 2 moderate 3 severe
Bleeding: – none S spotting L light N normal H heavy

	Mon date _____	Tue date _____	Wed date _____	Thu date _____	Fri date _____	Sat date _____	Sun date _____
Hot flushes number per day							
Night sweats							
Poor sleep							
Low mood							
Anxiety or irritability							
Tiredness							
Forgetfulness or poor concentration							
Joint or muscle pain							
Headache							
Palpitations							
Vaginal dryness							
Bleeding							
Notes stress, alcohol, exercise, a new medicine							

This week: which one or two symptoms bothered you most, and what did they get in the way of?

Take this sheet to your GP. It is a record of how you felt, not a medical test.
Free to print and copy. Online version with an 8-week overview: thisismaeni.com/pages/symptom-diary

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Symptom diary · Week 2

Name: _____ Week starting: _____

Score each symptom: 0 none 1 mild 2 moderate 3 severe
Bleeding: – none S spotting L light N normal H heavy

	Mon date _____	Tue date _____	Wed date _____	Thu date _____	Fri date _____	Sat date _____	Sun date _____
Hot flushes number per day							
Night sweats							
Poor sleep							
Low mood							
Anxiety or irritability							
Tiredness							
Forgetfulness or poor concentration							
Joint or muscle pain							
Headache							
Palpitations							
Vaginal dryness							
Bleeding							
Notes stress, alcohol, exercise, a new medicine							

This week: which one or two symptoms bothered you most, and what did they get in the way of?

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Symptom diary · Week 3

Name: _____ Week starting: _____

Score each symptom: 0 none 1 mild 2 moderate 3 severe
Bleeding: – none S spotting L light N normal H heavy

	Mon date _____	Tue date _____	Wed date _____	Thu date _____	Fri date _____	Sat date _____	Sun date _____
Hot flushes number per day							
Night sweats							
Poor sleep							
Low mood							
Anxiety or irritability							
Tiredness							
Forgetfulness or poor concentration							
Joint or muscle pain							
Headache							
Palpitations							
Vaginal dryness							
Bleeding							
Notes stress, alcohol, exercise, a new medicine							

This week: which one or two symptoms bothered you most, and what did they get in the way of?

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Symptom diary · Week 4

Name: _____ Week starting: _____

Score each symptom: 0 none 1 mild 2 moderate 3 severe
Bleeding: – none S spotting L light N normal H heavy

	Mon date _____	Tue date _____	Wed date _____	Thu date _____	Fri date _____	Sat date _____	Sun date _____
Hot flushes number per day							
Night sweats							
Poor sleep							
Low mood							
Anxiety or irritability							
Tiredness							
Forgetfulness or poor concentration							
Joint or muscle pain							
Headache							
Palpitations							
Vaginal dryness							
Bleeding							
Notes stress, alcohol, exercise, a new medicine							

This week: which one or two symptoms bothered you most, and what did they get in the way of?

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