

Menopause and Perimenopause Symptoms Checklist

A printable symptom tracker for perimenopause and menopause to fill in at home and bring to your doctor's appointment.

Cycle Changes

- ☐ Date of my last period: ____
- ☐ Note if cycles are shorter, longer or skipped
Write the start date of each period for a few months. A simple list of dates shows patterns your doctor can use.
- ☐ Note if bleeding is heavier, lighter or lasts longer than before
- ☐ Note any spotting or bleeding between periods or after sex

Hot Flashes and Night Sweats

- ☐ Tick if you have sudden waves of heat in the face, neck or chest
- ☐ Tick if you wake up sweating or need to change bedding or clothes
- ☐ Note any flushing, racing heartbeat or chills that come with them
- ☐ List possible triggers, such as alcohol, caffeine, spicy food or a hot room
Knowing your triggers gives you something to try changing and gives your doctor useful detail.

Sleep, Mood and Memory

- ☐ Tick if you have trouble falling asleep or wake up too early
- ☐ Tick if you feel irritable, low, anxious or have mood swings
- ☐ Tick if you have trouble focusing, find it hard to recall words or feel foggy
- ☐ Note low energy or tiredness that rest does not fix

Vaginal, Bladder and Sexual Health

- ☐ Tick if you have vaginal dryness, itching or burning
- ☐ Tick if sex is painful or you have less interest in sex
- ☐ Tick if you need to pee more often or more urgently, or leak urine
- ☐ Note any repeated urinary tract infections
These changes are common and treatable, and they tend to continue after menopause rather than fade, so they are worth raising even if they feel awkward.

Joints, Skin, Hair and Weight

- ☐ Tick if you have new joint aches or stiffness
- ☐ Tick if your skin is drier, itchier or thinner
- ☐ Tick if hair is thinning on your head or growing more on your face
- ☐ Note weight gain, especially around the waist: ____
- ☐ Note headaches, or migraines that changed in pattern

Symptom Log

- ☐ Week starting: ____

- ☐ Hot flashes per day: ____ / Night sweats per week: ____
- ☐ Nights of poor sleep this week: ____
- ☐ Worst symptom this week: ____ / Severity (0 none to 10 severe): ____
- ☐ How much symptoms affected work, home or relationships (0 to 10): ____

Your doctor will ask how symptoms affect your daily life. A number you tracked is easier to share than a memory.

Questions to Ask Your Doctor

- ☐ Ask whether my symptoms fit perimenopause, menopause or something else
- ☐ Ask whether I need any tests, such as a thyroid check
- ☐ Discuss treatment options such as HRT, including the benefits and risks for me
- ☐ Ask about non-hormone options and lifestyle changes
- ☐ Ask what to do about birth control until periods stop
- ☐ Ask about bone health and heart health after menopause

Bring a list of all medicines and supplements you take, plus your family history of breast cancer, blood clots, heart disease and osteoporosis.

When to Get Care Sooner

- ☐ Call your doctor about any bleeding after menopause, even spotting
- ☐ Get care for very heavy bleeding, such as soaking a pad or tampon every hour or two
- ☐ Get care if periods last longer than 7 days or come closer than 21 days apart
- ☐ Talk to your doctor if symptoms start before age 45

Periods that stop before age 40 can be a sign of premature ovarian insufficiency, which needs its own care.

- ☐ Get help right away if you have thoughts of harming yourself; call or text 988