

# Menopause - Symptom Checker

Rate your symptoms on scale of 0 (None) to 10 (Extreme).

In the "Triggers/Notes" column, mention things like alcohol intake, high-stress days, or specific times of day.

Symptom Category	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Triggers / Notes
<b>Vasomotor</b>								
Hot Flashes (Day)								
Night Sweats								
<b>Sleep &amp; Energy</b>								
Difficulty Falling Asleep								
Waking up Mid-night								
Fatigue/Low Energy								
<b>Emotional/Cognitive</b>								
"Brain Fog" / Memory								
Irritability / Anxiety								
Low Mood / Tearful								
<b>Physical Changes</b>								
Joint/Muscle Aches								
Heart Palpitations								
Vaginal Dryness/Pain								