

**PERIMENOPAUSE AND MENOPAUSE SYMPTOM CHECKLIST**

<b>SYMPTOM</b>	<b>NONE</b>	<b>SOMETIMES</b>	<b>OFTEN</b>	<b>DAILY</b>
Hot flushes _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night sweats _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle and joint aches/pains _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart palpitations _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disturbances _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty concentrating _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tense _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry or itchy skin _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal dryness or soreness _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches or migraines _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain fog _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low libido _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irregular periods _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinning hair _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloating _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fleeting dizzy or faint _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lethargic and tired _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unhappy or depressed _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teary _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood changes _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry eyes and mouth _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight gain _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent & sudden urges to urinate _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**ADDITIONAL COMMENTS:**