

Menopausal Symptom Checklist

How often do you experience the following symptoms and associate them with menopause?

Symptom	Never	Rarely	Frequently	Daily	Multiple Times/Day
Hot flashes					
Night sweats					
Profuse sweating (hot flashes)					
Mood changes					
Decreased memory					
Difficulty concentrating					
Sleep disruption					
Fatigue					
Irritability					
Anxiety / nervousness					
Depression					
Headaches					
Decreased libido					
Vaginal dryness					
Incontinence					
Urinary tract infections					
Palpitations					
Nausea					
Dry skin					
Dry eyes					
Joint pain					
Irregular menses					
Heavy bleeding					
Light bleeding / spotting					
Hair loss					
Facial hair					
Acne					
Weight gain					

Other symptoms not listed:

Hormonal Replacement Therapy (HRT):

Are you currently on any HRT? ☐ Yes ☐ No

If yes, what type and dosage? _____

Surgical History:

Have you had a hysterectomy? ☐ Yes ☐ No

If yes, do you still have your ovaries? ☐ Yes ☐ No