



THE MERRY MENOPAUSE SYMPTOM TRACKER

Your Perimenopause starts before your Periods stop, for many of us it is our late 30's early 40's and this phase leading up to your Menopause is when we can be most symptomatic.

Your Menopause is one day, the very last day of your last period, the average age of Menopause is 51. When you have been period free for one whole year, you are Post Menopause.

Recognising if you have symptoms is the first step to a Merry Menopause.

Below are the most common symptoms of Perimenopause as set out by the NICE guidelines. It's a great idea to take this checklist with you if you decide to visit your GP or Menopause specialist.

SYMPTOM	YES	NO	DETAILS
Changes to periods	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
Low mood	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>	
Joint or muscle pain	<input type="checkbox"/>	<input type="checkbox"/>	
Irritability	<input type="checkbox"/>	<input type="checkbox"/>	
Brain fog	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>	
Lack of motivation	<input type="checkbox"/>	<input type="checkbox"/>	
Poor concentration	<input type="checkbox"/>	<input type="checkbox"/>	
Poor memory	<input type="checkbox"/>	<input type="checkbox"/>	
Lack of confidence	<input type="checkbox"/>	<input type="checkbox"/>	
Restless legs	<input type="checkbox"/>	<input type="checkbox"/>	
Painful sex/vaginal dryness	<input type="checkbox"/>	<input type="checkbox"/>	
Urinary tract infections	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of libido	<input type="checkbox"/>	<input type="checkbox"/>	
Dry and/or itchy skin	<input type="checkbox"/>	<input type="checkbox"/>	
Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	
Thinning hair	<input type="checkbox"/>	<input type="checkbox"/>	
Heart palpitations	<input type="checkbox"/>	<input type="checkbox"/>	
Weight gain	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling dizzy/faint	<input type="checkbox"/>	<input type="checkbox"/>	
Digestive Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Increased Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Tearful	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of joy	<input type="checkbox"/>	<input type="checkbox"/>	
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches/Migraines	<input type="checkbox"/>	<input type="checkbox"/>	
Hot Flushes	<input type="checkbox"/>	<input type="checkbox"/>	
Night Sweats	<input type="checkbox"/>	<input type="checkbox"/>	