Qisati • retreat

PERI / MENOPAUSE SYMPTOM CHECKLIST

Please use this checklist to capture your symptoms. I'd recommend returning to this once a month at minimum.

MARK THE BOX THAT CORRESPONDS TO THE SYMPTOMS YOU ARE CURRENTLY EXPERIENCING.

SYMPTOMS	NOT AT ALL 0	A LITTLE 1	QUITE A BIT 2	EXTREMELY 3
Heart beating quickly/stronger		☐		
Feeling Tense or nervous				
Difficulty Sleeping				
Irritable				
Anxiety /panic attacks				
Difficulty concentrating				
feeling tired or lack of energy				
Loss of interest in most things				
Feeling unhappy/ Depressed				
Crying spells				
Feeling dizzy or faint				
Itchy skin				
Parts of the body feel numb				
Headaches				
Muscle and Joint pain				
Hot flushes				
Loss of interest in sex				
Night Sweats				
Vaginal Dryness				

COMMENTS: