Weekly Menopause Symptom Tracker

Please use this form to track your menopause symptoms over one week. For each day, rate the severity of each symptom (0 = None, 1 = Mild, 2 = Moderate, 3 = Severe) and add any additional notes. Fill in the fields digitally or print and complete by hand.

Person	al Information										
Name:		Week Starting (MM/DD/YYYY):									
Sympto	om Tracking										
	Symptom		0		1		2		3	Note	S
Monday	Hot Flashes										
	Night Sweats										
	Mood Changes										
	Sleep Issues										
_							2			27	
-	Symptom		0		1	1			3	Note	es .
	Hot Flashes										
Tuesday	Night Sweats										
	Mood Changes										
	Sleep Issues										
	Symptom		0		1		2		3	N	otes
XX 7. 1 1	Hot Flashes		0		1				3	11	otes
Wednesda											
	Mood Changes										
	Sleep Issues										
	Symptom	0		1			2		3	Notes	
Thursday	Hot Flashes										
	Night Sweats										
	Mood Changes										
	Sleep Issues							\dagger			
		'									

Friday	Symptom	0	1	2	3	Notes	
	Hot Flashes						
	Night Sweats						
	Mood Changes						
	Sleep Issues						
	Symptom	0	1	2	3	Notes	
Saturday	Hot Flashes						
	Night Sweats						
	Mood Changes						
	Sleep Issues						
Sunday	Symptom	0	1	2	3	Notes	
	Hot Flashes						
	Night Sweats						
	Mood Changes						
	Sleep Issues						

Additional Notes: