



# Menopause Symptom Tracker

MY BELLA LUNA

*My Bella Luna Holistic and Wellness Treatments*

Use this tracker to monitor menopause-related symptoms over time and notice patterns that may affect your daily life. Bring your notes to appointments to support clearer conversations and more tailored care. Consistent tracking can also help inform a personalised wellness plan that fits your body and lifestyle.

## How to Complete This Tracker

This guide will help you navigate and effectively use the tracker to monitor menopause-related symptoms. Understanding your symptoms and patterns can lead to more personalized care and well-being.

## Rating and Describing Symptoms

### 1. Menstrual Changes

- **Date of Last Menstrual Period:** Record the date of your last menstrual cycle. This information helps track changes in menstrual patterns.

### 2. Vasomotor Symptoms

- Record the frequency and intensity of hot flashes and night sweats. Use a scale from 1 (mild) to 10 (severe) to rate each episode.

### 3. Psychological Symptoms

- Document feelings such as anxiety, depression, irritability, or mood swings. Rate these on a scale from 1 (mild) to 10 (severe) to gauge their impact on daily life.

### 4. Sleep Disturbances

- Note any issues with falling or staying asleep, including insomnia or restless sleep. Rate the severity of these disturbances from 1 (mild) to 10 (severe).

### 5. Sexual Health

- Record any changes in libido, discomfort during intercourse, or other sexual health concerns. Use a scale from 1 (mild) to 10 (severe) to reflect the impact.

### 6. Physical Symptoms

- Describe any physical discomforts such as joint pain, headaches, or weight changes. Rate the intensity from 1 (mild) to 10 (severe).

### 7. Emotional Well-being

- Reflect on your overall emotional state, including feelings of well-being or distress. Rate your emotional health from 1 (poor) to 10 (excellent).

### 8. Lifestyle Factors

- Consider factors such as diet, exercise, and stress levels. Note any patterns that seem to influence your symptoms.

### 9. Environmental Factors

- Record changes in your environment that may affect your symptoms, such as temperature, humidity, or work conditions.

### 10. Family Health History

- Document any family history of menopause related conditions or other relevant health issues.

### 11. Symptom Severity Scale

- Use the provided scale to consistently rate the severity of your symptoms in each category. This will help you and your healthcare provider identify patterns over time.

### 12. Notes and Reflections

- **Personal Reflections and Goals:** Write down your thoughts, feelings, and any changes you wish to implement in your lifestyle or treatment plan.
- **Notes from Consultations:** Summarize the key points discussed during healthcare appointments.
- **Additional Observations or Changes:** Keep track of any new symptoms or changes in existing ones.

By using this guide, you can maintain a detailed and organized record of your menopause-related symptoms, supporting more effective conversations with healthcare providers and empowering yourself with personalized insights.

## General Information

Label	Input Field
Name	
Age	
Date	
Contact Information	

## Menstrual Changes

<b>Irregular periods</b>		
Frequency and duration of menstrual cycles		
Heavy bleeding		
Spotting between periods		

- Date of last menstrual period: \_\_\_\_\_

## **Vasomotor Symptoms**

<b>Vasomotor Symptoms</b>	<b>Response</b>
<b>Hot flashes</b>	
<b>Frequency per day/week</b>	
<b>Duration</b>	
<b>Severity (mild, moderate, severe)</b>	
<b>Night sweats</b>	
<b>Frequency</b>	
<b>Impact on sleep</b>	

## **Psychological Symptoms**

<b>Psychological Symptoms</b>	<b>Response</b>
<b>Mood swings</b>	
<b>Frequency</b>	
<b>Triggers</b>	
<b>Anxiety</b>	
<b>Occurrence (occasional, frequent, constant)</b>	
<b>Severity</b>	
<b>Depression</b>	
<b>Occurrence</b>	
<b>Impact on daily activities</b>	
<b>Irritability</b>	
<b>Triggers</b>	
<b>Memory problems</b>	
<b>Frequency</b>	
<b>Examples</b>	

## **Sleep Disturbances**

Sleep Disturbances	Response
Difficulty falling asleep	
Frequency	
Duration	
Waking up frequently	
Number of times per night	
Insomnia	
Occurrence (occasional, frequent, constant)	

## Sexual Health

Sexual Health	Response
Changes in libido	
Increase or decrease	
Impact on relationships	
Sexual satisfaction	
Changes since symptoms began	

## Physical Symptoms

Physical Symptoms	Response
<b>Joint pain</b>	
<b>Location(s)</b>	
<b>Severity</b>	
<b>Muscle aches</b>	
<b>Frequency</b>	
<b>Severity</b>	
<b>Headaches</b>	
<b>Frequency</b>	
<b>Severity</b>	
<b>Breast tenderness</b>	
<b>Frequency</b>	
<b>Severity</b>	
<b>Weight gain</b>	
<b>Amount gained since symptoms began</b>	
<b>Areas of weight gain</b>	
<b>Hair loss or thinning</b>	
<b>Location(s)</b>	
<b>Skin changes</b>	
<b>Dryness, itching, or other changes</b>	
<b>Digestive issues</b>	
<b>Bloating, gas, constipation, or diarrhea</b>	

# Emotional Well-being

Emotional Well-being	Response
Feelings of sadness	
Frequency	
Triggers	
Loss of motivation	
Impact on daily activities	
Social withdrawal	
Changes in social activities	

# Lifestyle Factors

<b>Lifestyle Factors</b>	<b>Response</b>
<b>Diet and nutrition</b>	
<b>Typical daily intake</b>	
<b>Recent changes in diet</b>	
<b>Exercise and physical activity</b>	
<b>Type and frequency</b>	
<b>Alcohol consumption</b>	
<b>Frequency and amount</b>	
<b>Smoking</b>	
<b>Frequency and amount</b>	
<b>Caffeine intake</b>	
<b>Frequency and amount</b>	
<b>Stress levels</b>	
<b>Sources of stress</b>	
<b>Coping mechanisms</b>	

## **Environmental Factors**

Environmental Factors	Response
Exposure to toxins	
Home and workplace environment	
Air quality	
Home and workplace	
Water quality	
Source and quality	

## Family Health History

Family Health History	Response
Family history of menopause symptoms	
Mother, sisters, aunts, etc.	
Family history of chronic diseases	
Heart disease, diabetes, cancer, etc.	
Family history of mental health issues	
Depression, anxiety, etc.	

## Symptom Severity Scale

**How to rate:** Use a scale of **1 to 10** to rate the severity of each symptom (1 = minimal, 10 = severe). Track changes over time and note what seems to improve or worsen symptoms.

## Notes and Reflections

Personal reflections and goals:

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**Notes from consultations:**

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**Additional observations or changes:**

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This comprehensive menopause symptom checker will help you track and understand your symptoms. Now [book](#) a personalised wellness plan to manage your menopause journey effectively.