Symptom Month

MONTH _____ YEAR _____ NAME _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hot flashes																
Night sweats																
Disrupted sleep																
Mood																
Brain fog																
Heavy or irregular periods																
_____																

	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Hot flashes																
Night sweats																
Disrupted sleep																
Mood																
Brain fog																
Heavy or irregular periods																
_____																

A question for my next appointment

Hot flashes, night sweats one tick each time 𝍸

Sleep, mood, brain fog tick one box a day, short to tall: None · Small · Noticeable · Disruptive

Periods tick the days

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