



My menopause checklist



We understand that it can be hard to keep up with the sheer array of symptoms. Or perhaps there are just a couple bothering you. Either way, why not bring this completed checklist with you to your GP appointment to help you discuss your menopause symptoms.

Date of last period and regularity (if applicable):

General wellbeing:

Hot flushes:

Frequency (e.g., daily, weekly, occasionally):

Severity (mild, moderate, severe):

Duration (approximate time):

Triggers (if any):

Night sweats:

Frequency (e.g., nightly, weekly, occasionally):

Severity (mild, soaking):

Impact on sleep:

Sleep disturbances:

Difficulty falling asleep:	Yes	No
Difficulty staying asleep:	Yes	No
Waking up early:	Yes	No
Feeling unrefreshed:	Yes	No
Fatigue/lack of energy:	Yes	No
Severity (mild, moderate, severe):		
Impact on daily life		

Weight changes

Gain:	Yes	No	approximate amount:
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Loss:	Yes	No	approximate amount:
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Changes in appetite:

Increased:	Yes	No
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Decreased:	Yes	No
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Mood and cognitive changes:

Mood swings:	Yes	No
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Describe:

Irritability:	Yes	No
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Severity:

Anxiety:	Yes	No
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Frequency (e.g., often, sometimes):

Severity:

Depressed mood/sadness:	Yes	No
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Frequency (e.g., often, sometimes):

Severity:

Difficulty concentrating:	Yes	No
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Memory problems ("brain fog"):	Yes	No
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Lack of motivation:	Yes	No
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Changes in menstrual cycle:

Heavier bleeding:	Yes	No
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Lighter bleeding:	Yes	No
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Irregular periods:	Yes	No
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Shorter cycles:	Yes	No
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Longer cycles:	Yes	No
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Physical changes:

Vaginal dryness:	Yes	No
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Severity:		
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Impact on intimacy:		
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Painful sex:	Yes	No
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Breast tenderness:	Yes	No
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Headaches:	Yes	No
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Frequency:		
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Severity:		
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Muscle and joint aches/stiffness:	Yes	No
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Location(s):		
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Changes in skin (e.g., dryness, itching):	Yes	No
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Describe:		
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Hair changes (e.g., thinning, increased facial hair):	Yes	No
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Describe:		
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Heart palpitations:	Yes	No
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Dizziness:	Yes	No
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Changes in bowel habits:	Yes	No
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Constipation:	Yes	No
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Diarrhoea:	Yes	No
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Urinary problems:

Increased frequency:	Yes	No
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Urgency:	Yes	No
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Incontinence:	Yes	No
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Recurrent UTIs:	Yes	No
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Lifestyle factors:

Smoking: Yes No If yes, how many per day?

Alcohol consumption (how often):

Exercise habits (frequency and type):

Diet:

Stress levels:

Family history:

Early menopause in family members: Yes No

Osteoporosis in family members: Yes No

Cardiovascular disease in family members: Yes No

Questions for my GP:

- Could my symptoms be related to perimenopause/menopause?
- What treatment options are available to help manage my symptoms (e.g., HRT, lifestyle changes, alternative therapies)?
- What are the potential benefits and risks of Hormone Replacement Therapy (HRT)?
- Are there any tests you recommend to confirm menopause or rule out other conditions?
- Can you provide information and resources about managing my specific symptoms?
- What lifestyle changes might help alleviate my symptoms (e.g., diet, exercise, stress management)?
- How often should I follow up with you to monitor my symptoms and treatment?
- Are there any support groups or specialists you can recommend?
- What are the long-term health considerations associated with menopause, and what can I do about them (e.g., bone health, cardiovascular health)?
- If HRT isn't suitable for me, what other options are there to manage my symptoms?
- How do I manage while I'm at work? What should I be asking my employer?

Notes:

Please add any other symptoms or concerns you have here:

From hot flushes to brain fog and night sweats, the menopause can be an unsettling time. However, by being aware of the symptoms and what treatments are available or lifestyle changes you can make, it doesn't have to be something to fear.

Explore our menopause hub (axahealth.co.uk/staying-healthy/womens-health/menopause) for guidance and insight into both perimenopause and menopause.