

# MENOPAUSE SYMPTOMS

# Diary

Date:

Severity of effect	Not at all	A little	Quite a bit	Extremely
Symptoms				
Heart beating quickly or strongly				
Feeling tense or nervous				
Difficulty in sleeping				
Excitable				
Attacks of panic				
Difficulty in concentrating				
Feeling tired or lacking in energy				
Loss of interest in most things				
Feeling unhappy or depressed				
Crying spells				
Irritability				
Feeling dizzy or faint				
Pressure or tightness in head or body				
Parts of body feel numb or tingling				
Headaches				
Muscle and joint pains				
Loss of feeling in hands or feet				
Breathing difficulties				
Sweating at night				
Loss of interest in sex				
Vaginal dryness				
Bladder problems				
Hot flushes				
In the past 24 hrs, how many hot flushes did you have that were mild, moderate, severe or very severe?	<b>Mild number</b>	<b>Moderate number</b>	<b>Severe number</b>	<b>Very severe number</b>