HOLISTIC
HEALTH NUTRITION

MENOPAUSE SYMPTOM CHECKER

This questionnaire has been developed to help you record menopause related symptoms in preparation for your menopause consultation. Please tick the right answer according to your personal experiences.

- Difficulty Concentrating ☐
- Memory Problems ☐
- Difficulty finding words ☐
- Reduced ability to multitask ☐
- Mood swings and Irritability ☐
- Feeling anxious or nervous ☐
- Panic Attacks ☐
- Feeling Tearful ☐
- Feeling Unhappy and Depressed ☐
- Loss of Motivation or Interest in most of things ☐
- Low self-worth ☐
- Thoughts of self-harm ☐
- Overeating or undereating ☐
- Addictions-Smoking, Alcohol, Chewing tobacco ☐
- Excessive Calorie count or Weight tracking ☐
- Feeling pins and needles in parts of body ☐
- Feeling of insect crawling over the skin (Formication) ☐

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Sleep Difficulties	☐		
Loss of interest in sex	☐	Heavier periods than before	☐
Headaches and Migraines	☐	Longer periods	☐
Tinnitus (ringing in the ears)	☐	Lighter periods	☐
Night sweats or Night Sweats	☐	Irregular or erratic periods	☐
Feeling dizzy or faint	☐	Shorter periods	☐
Internal tremors	☐	Longer length of the period cycle	☐
Pain in feet or legs	☐	Shorter length of the period cycle	☐
Restless Legs	☐	Vaginal dryness	☐
Low Energy/Fatigue	☐	Itching of skin around the vulva	☐
Dry or Itchy skin	☐	Painful sex	☐
Dry hair or Hair loss	☐	Frequent urination	☐
Brittle Nails	☐	Urinary incontinence (difficulty holding)	☐
Acidity or Heartburn	☐	Frequent urinating at night (Nocturia)	☐
Bloating or wind	☐	Urinary tract infections	☐
Constipation or Diarrhoea	☐	Frequent urination	☐
Abdominal pain or discomfort	☐	Pain passing urine	☐