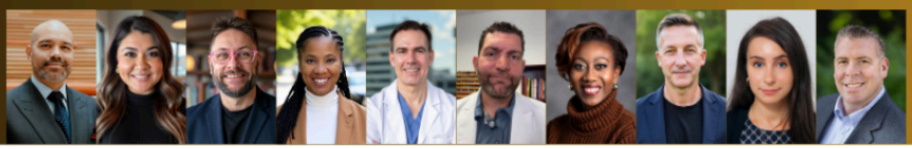


Menopause Symptom Tracker

This comprehensive menopause tracker is designed to help us understand your unique menopause experience. By documenting your symptoms, their patterns, and treatment responses, we can work together to create a personalized care plan that optimizes your health and well-being during this important transition.

Stages of Menopause

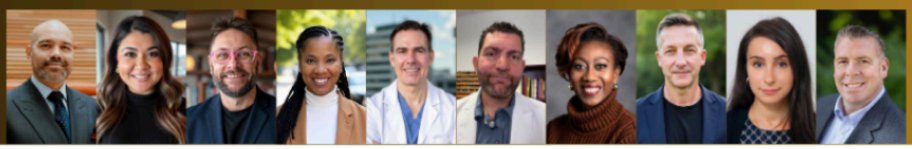
Perimenopause: The transitional phase leading up to menopause, typically lasting 4-10 years. Hormones fluctuate,causing various symptoms while periods may still occur irregularly.

Menopause: Officially begins after 12 consecutive months without a menstrual period. The average age is 51 years.

Postmenopause: The period following menopause that continues for the rest of your life. Symptoms may persist but often improve over time.

Examples of Symptoms:

- Menstrual changes
  - irregular periods, heavier or lighter periods, spotting between periods
- Vasomotor symptoms
  - hot flashes, night sweats
- Sleep & Energy
  - Insomnia, sleep disturbances, fatigue, excessive tiredness
- Cognitive Challenges
  - brain fog, difficulty concentrating, memory problems, headaches
- Mood Changes
  - Anxiety, depression, mood swings, irritability
- Genitourinary changes
  - vaginal dryness, frequent urination, incontinence, painful sex, loss of libido
- Physical changes
  - hair thinning/loss, brittle nails, itchy/dry skin,
  - weight gain, bloating, joint pain or stiffness
  - Palpitations, dizziness, dry eyes/mouth



Symptom Severity Rating

1-2	3-4	5-6	7-8	9-10
Minimal/Mild	Uncomfortable	Distracting	Intense	Unmanageable

Functional Ability Rating

0 ---------- 5 ---------- 10

Unable to Function — Fully Functional

Relief Rating

0 ---------- 5 ---------- 10

No Relief — Complete Relief

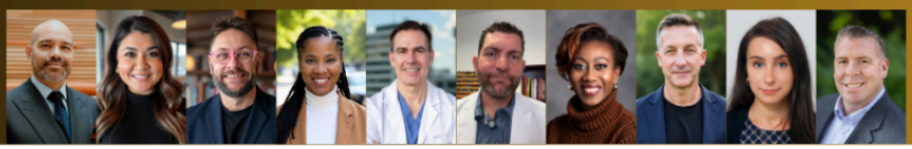
Most Troublesome Symptoms

1.
2.
3.

Questions for your Provider (Write these out to prepare for your visit).

1.
2.
3.
4.
5.

BESPOKE
CONCIERGE MD



Day	**Primary Symptoms**	Duration	Severity (1-10)	Function Impact (1-10)	**Treatment**	Relief Rating (1-10)	**Notes**
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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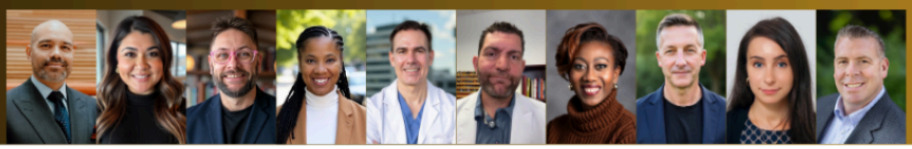

Pattern Recognition

Symptom Triggers (if identified):

1. Stress: ☐ Yes ☐ No
2. Certain Foods: ☐ Yes ☐ No - List: _____
3. Sleep Disruption: ☐ Yes ☐ No
4. Weather Changes: ☐ Yes ☐ No
5. Other: _____

Time of Day Symptoms Are Worst:

☐ Morning ☐ Afternoon ☐ Evening ☐ Night ☐ Variable

Symptom Patterns Related to:

Exercise: ☐ Better ☐ Worse ☐ No Change

Diet Changes: ☐ Better ☐ Worse ☐ No Change

Stress Management: ☐ Better ☐ Worse ☐ No Change

Sleep Hygiene: ☐ Better ☐ Worse ☐ No Change

My primary goals for menopause management are:

- ☐ Reduce hot flashes/night sweats
- ☐ Improve sleep quality
- ☐ Manage mood symptoms
- ☐ Address vaginal/sexual health
- ☐ Maintain bone health
- ☐ Manage weight
- ☐ Improve energy levels
- ☐ Other:

Treatment preferences:

☐ Hormone therapy ☐ Non-hormonal medication
☐ Lifestyle modifications ☐ Complementary therapies
☐ Combination approach