



Hemma Wellness Symptom Reflection

This tool is for personal tracking only. It does not provide medical advice or replace care from a licensed provider.

PART 1: BASIC INFORMATION

AGE: _____ DATE: _____

Current menstrual status:

- Regular periods (same as always)
- Irregular periods (changed frequency, flow, or timing)
- No period for 3-11 months
- No period for 12+ months
- Hysterectomy (with/without ovaries removed)

How long have you been experiencing symptoms?

- Less than 6 months
- 6 months - 1 year
- 1-2 years
- 2-5 years
- 5+ years

PART 2: SYMPTOM SEVERITY SCALE

Rate each symptom based on how it affects your daily life:



0
Not present



1
Mild (barely noticeable)



2
Moderate (noticeable but manageable)



3
Severe (significantly impacts daily life)



4
Debilitating (prevents normal activities)

Physical Symptoms:

SYMPTOM	SEVERITY (0-4)	FREQUENCY	NOTES
Hot Flashes	_____	Daily/Weekly/Monthly	Duration:
Night sweats	_____	Daily/Weekly/Monthly	Disrupts sleep: Y/N
Sleep disturbances	_____	Daily/Weekly/Monthly	Type: Can't fall asleep/wake early/restless?
Fatigue/exhaustion	_____	Daily/Weekly/Monthly	Time of day worst:
Weight gain	_____	Daily/Weekly/Monthly	Location: Belly/all over/other?
Bloating	_____	Daily/Weekly/Monthly	Related to cycle: Y/N
Breast tenderness	_____	Daily/Weekly/Monthly	Related to cycle: Y/N
Headaches	_____	Daily/Weekly/Monthly	Type: Migraine/tension/other?
Joint aches/stiffness	_____	Daily/Weekly/Monthly	Location:
Muscle aches	_____	Daily/Weekly/Monthly	Worse in AM: Y/N
Digestive issues	_____	Daily/Weekly/Monthly	Type: Constipation/diarrhea/other?

Cognitive & Mental Symptoms:

SYMPTOM	SEVERITY (0-4)	FREQUENCY	NOTES
Brain fog	_____	Daily/Weekly/Monthly	Worst time:
Memory problems	_____	Daily/Weekly/Monthly	Type: Short-term/names/words?
Difficulty concentrating	_____	Daily/Weekly/Monthly	At work/home/both?

Emotional & Mood Symptoms:

SYMPTOM	SEVERITY (0-4)	FREQUENCY	NOTES
Mood swings	_____	Daily/Weekly/Monthly	Sudden or gradual?
Irritability/anger	_____	Daily/Weekly/Monthly	Triggers:
Depression/sadness	_____	Daily/Weekly/Monthly	New or worsened?
Emotional sensitivity	_____	Daily/Weekly/Monthly	Easily cry?
Feeling overwhelmed	_____	Daily/Weekly/Monthly	Related to tasks/emotions?
Loss of motivation	_____	Daily/Weekly/Monthly	Work/personal/both?

Sexual & Reproductive Symptoms

SYMPTOM	SEVERITY (0-4)	FREQUENCY	NOTES
Low libido	_____	Ongoing/Recent	Changed from before?
Vaginal dryness	_____	During sex/Always	Pain level:
Painful intercourse	_____	Sometimes/Always	Type of pain:

Other Symptoms:

SYMPTOM	SEVERITY (0-4)	FREQUENCY	NOTES
Skin changes	_____	Ongoing	Dryness/acne/sensitivity?
Hair thinning	_____	Ongoing	Location:
Nail changes	_____	Ongoing	Brittle/ridged/breaking?
Tingling/numbness	_____	Daily/Weekly/Monthly	Location:
Heart palpitations	_____	Daily/Weekly/Monthly	At rest/with activity?
Dizziness	_____	Daily/Weekly/Monthly	Standing up/random?

PART 3: PATTERN RECOGNITION

Cycle Tracking (if still menstruating)

Do symptoms worsen at specific times in your cycle?

- Before period (PMS-like)
- During period
- Mid-cycle (around ovulation)
- No clear pattern
- Symptoms constant regardless of cycle

Daily Patterns

When do you feel worst?

- Morning
- Afternoon (2-4 PM)
- Evening
- Night
- No clear pattern

Stress Connection

Do symptoms worsen with:

- Work stress
- Family stress
- Financial stress
- Physical stress (illness, travel)
- No clear connection

PART 4: IMPACT ASSESSMENT

Life Impact Scale:

SYMPTOM	SEVERITY (0-4)
Work performance	_____
Relationships (partner)	_____
Relationships (family)	_____
Relationships (friends)	_____
Exercise/physical activity	_____
Sleep quality	_____
Overall mood	_____
Self-confidence	_____
Daily enjoyment	_____

Functional Assessment:

Mark all that apply:

- I've missed work due to symptoms
- I've avoided social activities
- I've stopped exercising regularly
- I've had relationship conflicts related to symptoms
- I've considered or started taking antidepressants
- I've googled "early menopause" or similar terms
- I feel like I'm "not myself" anymore
- I worry something is seriously wrong

PART 5: CURRENT SUPPORT & TREATMENT

What have you tried?

Mark all that apply:

- Talked to primary care doctor
- Seen OB/GYN
- Seen specialist (type: _____)
- Blood work/hormone testing
- Antidepressants
- Sleep aids
- Supplements (list: _____)
- Diet changes
- Exercise changes
- Stress management techniques
- Hormone therapy
- Nothing yet

What helped (even a little)? _____

What didn't help? _____

Current medications/supplements: _____

