

My Menopause Symptom Log

Track it. Name it. Bring it to your appointment.

KINGDOM MISSION

Whole & Well | Menopause Awareness Month

Name Month and year Log number

How to use this log

- 1 Fill it in once a day, at the same time if you can. Two minutes is enough. A rough number is better than a blank.
- 2 Track for at least two to three months. Patterns show up over time, and a clinician can read a pattern much faster than a memory.
- 3 Rate each symptom from 0 to 10. 0 means none at all. 10 means the worst you can imagine. Go with your gut.
- 4 Write down any bleeding, even spotting. Dates and flow matter, and your clinician will ask.
- 5 At the end of the month, fill in the Monthly Check-In on the last page. Then bring this log and the Appointment Prep Guide to your visit.
- 6 Need another month? Download a fresh blank copy from kd-mission.org and save each month under its own name.

Period key (pick from the list each day)

None: no bleeding
Spotting: a few drops, no pad needed
Light: a pad or tampon lasts all day
Medium: change a few times a day
Heavy: soaking through in an hour or two

Columns at a glance

Hot flashes: how many today
Night sweats: check the box if you woke up damp or drenched
Sleep: hours slept, then quality from 0 (awful) to 10 (great)
Mood, Brain fog, Pain: 0 to 10, where 10 is the hardest day
Pain where: joints, back, head, pelvis, anywhere

Do not wait for your next appointment if:

You have bleeding after menopause or very heavy bleeding. Chest pain, trouble breathing, or signs of a stroke are emergencies, call 911.

Daily Symptom Log

Month and year are on page 1. Rate each symptom 0 (none) to 10 (worst).

KINGDOM MISSION

Whole & Well | Menopause Awareness Month

Day	Period	Hot flashes (#)	Night sweats	Sleep hours	Sleep 0-10	Mood 0-10	Brain fog 0-10	Pain 0-10	Pain where	Notes: triggers, what helped, how you felt
1			☐							
2			☐							
3			☐							
4			☐							
5			☐							
6			☐							
7			☐							
8			☐							
9			☐							
10			☐							
11			☐							
12			☐							
13			☐							
14			☐							
15			☐							
16			☐							

Daily Symptom Log

Month and year are on page 1. Rate each symptom 0 (none) to 10 (worst).

KINGDOM MISSION

Whole & Well | Menopause Awareness Month

Day	Period	Hot flashes (#)	Night sweats	Sleep hours	Sleep 0-10	Mood 0-10	Brain fog 0-10	Pain 0-10	Pain where	Notes: triggers, what helped, how you felt
17			☐							
18			☐							
19			☐							
20			☐							
21			☐							
22			☐							
23			☐							
24			☐							
25			☐							
26			☐							
27			☐							
28			☐							
29			☐							
30			☐							
31			☐							

Monthly Check-In

Look back over your month. This is the page your clinician will want most.

How much did your symptoms get in the way this month?

Rate each area for each week from 0 (not at all) to 10 (completely). It is okay if a week is a guess.

Area of life	Week 1	Week 2	Week 3	Week 4
Work				
Sleep				
Intimacy				
Joy				

My top symptoms this month

What helped

What made it worse

Patterns I noticed (time of day, time of month, food, stress, sleep)

The three things I most want to tell my clinician