PERIMENOPAUSE SYMPTOM TRACKER

Official UK 34 Symptoms Self-Assessment & Frequency Log

Name: _____ **Tracking Period:** _____ **Doctor's Appt:** _____

Severity Scale: 1 = Mild (Noticeable) | 2 = Moderate (Interferes with daily life) | 3 = Severe (Debilitating)

VASOMOTOR & BODY TEMPERATURE

Symptom	1	2	3
1. Hot Flashes Sudden intense heat waves	☐	☐	☐
2. Night Sweats Drenching sweats during sleep	☐	☐	☐
3. Cold Sweats / Chills Sudden cold shivers or clamminess	☐	☐	☐

PSYCHOLOGICAL & MOOD

Symptom	1	2	3
4. Anxiety Unexplained worry or panic	☐	☐	☐
5. Low Mood / Depression Persistent sadness, loss of joy	☐	☐	☐
6. Mood Swings Rapid, sudden emotional shifts	☐	☐	☐
7. Irritability & Rage Low tolerance, unexpected anger	☐	☐	☐
8. Brain Fog Forgetfulness, poor concentration	☐	☐	☐
9. Loss of Confidence Feeling insecure or overwhelmed	☐	☐	☐
10. Fatigue & Low Energy Persistent physical/mental exhaustion	☐	☐	☐

SLEEP & HEAD

Symptom	1	2	3
11. Insomnia / Sleep Issues Trouble falling or staying asleep	☐	☐	☐
12. Headaches & Migraines Increased frequency/intensity	☐	☐	☐
13. Dizziness & Lightheadedness Feeling off-balance or faint	☐	☐	☐
14. Tinnitus Ringing or buzzing in ears	☐	☐	☐

MUSCULOSKELETAL & ORAL

Symptom	1	2	3
15. Joint Aches & Stiffness Pain in hands, knees, shoulders	☐	☐	☐
16. Muscle Tension & Aches Tightness, stiffness in muscles	☐	☐	☐
17. Burning Mouth Syndrome Tingling, burning, metallic taste	☐	☐	☐
18. Dental Problems Bleeding gums, sensitive teeth	☐	☐	☐

MENSTRUAL & SEXUAL HEALTH

Symptom	1	2	3
19. Irregular Periods Changes in cycle length or flow	☐	☐	☐
20. Low Sex Drive (Libido) Reduced desire or arousal	☐	☐	☐
21. Vaginal Dryness Itching, discomfort, pain with sex	☐	☐	☐
22. Breast Tenderness Soreness or swelling in breasts	☐	☐	☐

URINARY, DIGESTIVE & METABOLIC

Symptom	1	2	3
23. Recurrent UTIs & Frequency Urgent, frequent need to urinate	☐	☐	☐
24. Digestive Issues & Bloating Gas, cramps, sluggish digestion	☐	☐	☐
25. Weight Gain & Slow Metabolism Unexplained weight shifts	☐	☐	☐
26. Changes in Body Odour Increased sweating or odour changes	☐	☐	☐

SKIN, HAIR & NERVOUS SYSTEM

Symptom	1	2	3
27. Dry Skin & Itching Loss of elasticity, persistent itch	☐	☐	☐
28. Formication Sensation of insects crawling under skin	☐	☐	☐
29. Hair Loss / Thinning Brittle hair, increased shedding	☐	☐	☐
30. Brittle Nails Easily broken, grooved nails	☐	☐	☐
31. Tingling Extremities Pins & needles in hands/feet	☐	☐	☐
32. Heart Palpitations Racing, pounding, or fluttering heart	☐	☐	☐
33. Allergies & Sensitivities New histamine/food sensitivities	☐	☐	☐
34. Electric Shock Sensations Sudden sharp sensation under skin	☐	☐	☐

Notes / Key Symptoms to Discuss with GP/Healthcare Professional:

Designed for healthcare discussions (NHS & NICE Guidelines aligned). Keep this log to track patterns over 4–8 weeks.