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# My Hormone Symptom Journal

Track. Notice. Advocate.

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This journal is your evidence. Doctors respond to patterns — and patterns require tracking. Use these pages daily (or as often as you can) to log your symptoms, sleep, mood, and energy. Bring it to every appointment. You are not imagining this.

Name:

\_\_\_\_\_

Start Date:

\_\_\_\_\_

## HOW TO USE THIS JOURNAL

- **Rate your symptoms** Use the 1–5 scale: 1 = not present, 5 = severe/unbearable. Circle N/A if a symptom isn't relevant to you.
- **Be consistent** Try to fill this in at the same time each day — evening works well when you can reflect on the whole day.
- **Don't edit yourself** Write the honest version. Your doctor needs the real picture, not the minimized one.
- **Bring it with you** This journal is your appointment prep. Patterns you've tracked are far more powerful than symptoms you try to recall on the spot.
- **Track your cycle too** If you're still having periods (even irregular ones), note cycle day or period status — it's valuable context.

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## Symptom Reference Key

These are the symptoms tracked in this journal. Use this page as a quick reference if you're unsure what a term means.

### Vasomotor Symptoms

<b>Hot Flashes</b>	Sudden waves of heat, often through the chest, neck, and face.
<b>Night Sweats</b>	Hot flashes that occur during sleep, often drenching.
<b>Chills / Cold Flashes</b>	Rapid cooling sensations following a hot flash.
<b>Heart Palpitations</b>	Racing, fluttering, or irregular heartbeat.

### Sleep

<b>Sleep Quality</b>	Overall quality of your sleep — how restful and restorative it felt.
<b>Difficulty Falling Asleep</b>	Lying awake longer than usual before sleep begins.
<b>Waking During Night</b>	Number of times or severity of nighttime waking.
<b>Early Morning Waking</b>	Waking earlier than intended and unable to return to sleep.

### Mood & Mental Health

<b>Anxiety</b>	Feelings of worry, nervousness, or unease — often without a clear trigger.
<b>Irritability</b>	Lower than usual tolerance for frustration; mood volatility.
<b>Low Mood / Depression</b>	Persistent sadness, flatness, or loss of interest.
<b>Brain Fog</b>	Difficulty concentrating, forgetfulness, or mental cloudiness.

### Physical Symptoms

<b>Joint / Muscle Pain</b>	Aching, stiffness, or soreness in joints or muscles.
<b>Headaches</b>	Tension, migraine, or general head pain.
<b>Bloating</b>	Abdominal fullness, gas, or puffiness.
<b>Fatigue</b>	Persistent tiredness not explained by activity level or poor sleep.
<b>Breast Tenderness</b>	Soreness or sensitivity in breast tissue.

### Urogenital Symptoms

<b>Vaginal Dryness</b>	Lack of natural lubrication causing discomfort.
<b>Urinary Urgency</b>	Sudden, strong need to urinate more frequently.
<b>Painful Intercourse</b>	Discomfort or pain during or after sex.

# Daily Log — Day 1

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 2

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 3

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
*None Severe*

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 4

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 5

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 6

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 7

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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## Weekly Reflection — Week 1

Week of: \_\_\_\_\_

What symptom was most disruptive this week?

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Did anything make symptoms noticeably better or worse?

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How would you rate your overall quality of life this week? (circle one) 1 — 2 — 3 — 4 — 5

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Did you take your HRT / any medications consistently?  Yes  Mostly  No

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Any new or worsening symptoms to flag for your doctor?

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What felt even a little bit better compared to last week?

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Questions or concerns to bring to my next appointment:

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## Daily Log — Day 8

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid? ■ Yes ■ No

Woke during night? ■ Yes ■ No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

### Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

### Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

### Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

### Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

### Today's Possible Triggers / Contributing Factors

- High stress day
- Alcohol
- Spicy food
- Intense exercise
- Hormonal timing (cycle)
- Poor sleep night before
- Caffeine
- Skipped meals
- Hot environment
- Medication change

Today's notes — anything else worth capturing:

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# Daily Log — Day 9

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 10

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 11

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 12

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 13

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 14

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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## Weekly Reflection — Week 2

Week of: \_\_\_\_\_

What symptom was most disruptive this week?

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Did anything make symptoms noticeably better or worse?

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How would you rate your overall quality of life this week? (circle one) 1 — 2 — 3 — 4 — 5

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Did you take your HRT / any medications consistently?  Yes  Mostly  No

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Any new or worsening symptoms to flag for your doctor?

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What felt even a little bit better compared to last week?

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Questions or concerns to bring to my next appointment:

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## Daily Log — Day 15

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid? ■ Yes ■ No

Woke during night? ■ Yes ■ No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

### Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

### Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

### Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

### Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

### Today's Possible Triggers / Contributing Factors

- High stress day
- Alcohol
- Spicy food
- Intense exercise
- Hormonal timing (cycle)
- Poor sleep night before
- Caffeine
- Skipped meals
- Hot environment
- Medication change

Today's notes — anything else worth capturing:

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# Daily Log — Day 16

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 17

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 18

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 19

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 20

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 21

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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## Weekly Reflection — Week 3

Week of: \_\_\_\_\_

What symptom was most disruptive this week?

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Did anything make symptoms noticeably better or worse?

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How would you rate your overall quality of life this week? (circle one) 1 — 2 — 3 — 4 — 5

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Did you take your HRT / any medications consistently?  Yes  Mostly  No

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Any new or worsening symptoms to flag for your doctor?

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What felt even a little bit better compared to last week?

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Questions or concerns to bring to my next appointment:

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## Daily Log — Day 22

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid? ■ Yes ■ No

Woke during night? ■ Yes ■ No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

### Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

### Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

### Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

### Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

### Today's Possible Triggers / Contributing Factors

- High stress day
- Alcohol
- Spicy food
- Intense exercise
- Hormonal timing (cycle)
- Poor sleep night before
- Caffeine
- Skipped meals
- Hot environment
- Medication change

Today's notes — anything else worth capturing:

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# Daily Log — Day 23

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
*None* *Severe*

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 24

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 25

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 26

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 27

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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# Daily Log — Day 28

Date: \_\_\_\_\_ Cycle Day / Period Status: \_\_\_\_\_

Overall Mood:

1  
Low

2  
Rough

3  
Okay

4  
Good

5  
Great

Hours slept last night: \_\_\_\_\_

Took sleep aid?  Yes  No

Woke during night?  Yes  No

SYMPTOM RATINGS (1 = None → 5 = Severe)

1 2 3 4 5 N/A  
None Severe

## Vasomotor

Hot Flashes

1 2 3 4 5 N/A

Night Sweats

1 2 3 4 5 N/A

Heart Palpitations

1 2 3 4 5 N/A

Chills / Cold Flashes

1 2 3 4 5 N/A

## Mood & Mental

Anxiety

1 2 3 4 5 N/A

Irritability

1 2 3 4 5 N/A

Low Mood / Depression

1 2 3 4 5 N/A

Brain Fog

1 2 3 4 5 N/A

## Physical

Fatigue

1 2 3 4 5 N/A

Joint / Muscle Pain

1 2 3 4 5 N/A

Headaches

1 2 3 4 5 N/A

Bloating

1 2 3 4 5 N/A

Breast Tenderness

1 2 3 4 5 N/A

## Urogenital

Vaginal Dryness / Discomfort

1 2 3 4 5 N/A

Urinary Urgency

1 2 3 4 5 N/A

Painful Intercourse

1 2 3 4 5 N/A

Today's Possible Triggers / Contributing Factors

High stress day

Alcohol

Spicy food

Intense exercise

Hormonal timing (cycle)

Poor sleep night before

Caffeine

Skipped meals

Hot environment

Medication change

*Today's notes — anything else worth capturing:*

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## Weekly Reflection — Week 4

Week of: \_\_\_\_\_

What symptom was most disruptive this week?

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Did anything make symptoms noticeably better or worse?

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How would you rate your overall quality of life this week? (circle one) 1 — 2 — 3 — 4 — 5

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Did you take your HRT / any medications consistently?  Yes  Mostly  No

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Any new or worsening symptoms to flag for your doctor?

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What felt even a little bit better compared to last week?

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Questions or concerns to bring to my next appointment:

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