



# Symptom Tracker

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Over the past three months, have you experienced any of the following?

	NOT LATELY	OCCASIONALLY	FREQUENTLY
Anxiety: Stress, worry, or feeling on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain Fog: Fuzzy thinking or trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression: Low mood, low energy, or loss of interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue: Feeling worn out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight Gain: Added weight or bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UTIs: Burning, urgency, or pelvic discomfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Period Changes: Irregular cycles or flow changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep Issues: Restless or interrupted sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches or Migraines: Strong head pain or sensitivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin or Hair Changes: Dry skin or hair shifts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot Flashes or Night Sweats: Sudden heat or sweating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Painful Sex: Dryness or discomfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Libido: Reduced interest in intimacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint Pain: Stiff or achy joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability: Feeling short-tempered or easily upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incontinence: Leaking or reduced bladder control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Palpitations: Heart racing or fluttering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>