

WEEKLY PERIMENOPAUSE SYMPTOMS TRACKER

Check each row if you experience the symptom. At the end of the week, calculate your total score. This will help you understand if you might be undergoing perimenopause. You can also share this tracker with your healthcare provider for further insights.

Date from _____ to _____

Symptoms	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Heart beating quickly or strongly								
Feeling tense or nervous								
Difficulty in sleeping								
Memory problems								
Anxiety attack / Panic Attack								
Difficulty in concentrating								
Feeling tired or lacking in energy								
Loss of interest in most things								
Feeling unhappy or depressed								
Crying spells								
Irritability								
Feeling dizzy or faint								
Pressure or tightness in head								
Tinnitus (ringing or buzzing in the ear)								
Headaches								
Muscle and joint pains								
Pins and needles in any part of the body								
Breathing difficulties								
Hot flushes								
Vaginal dryness or discomfort during sex								
Sweating at night								
Having an urgent need to pee more frequently								
Leaking pee when you cough or sneeze								
Count (Column)								

Other Trackers	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours of Sleep							
How many glasses of water did you drink today?							
Mood (Use Emoji) 🤩 Great 😊 Good 😐 Okay 😞 Not good 😡 Awful							
How many minutes or hours did you exercise?							