

# Daily Menopause Diary

Name: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Calendar Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (0-4)																															

**Record 0 = none, 1 = minimal, 2 = moderate, 3 = moderately intense, 4 = very intense**

Breast Sore: Front																														
Breast Sore: Side																														
Fluid Retention																														
Hot flushes - day																														
# of flushes - day																														
Hot flushes - night																														
# of flushes - night																														
Vaginal Dryness																														
Constipation																														
Headache																														
Sleep Problems																														
Feeling Frustrated																														
Feeling Depressed																														
Feeling Anxious																														

**Record M = much less, L = a little less, U = usual, Y = a little increased, Z = much increased**

Appetite																														
Breast Size																														
Interest In Sex																														
Feeling Of Energy																														
Feeling Of Self-Worth																														
Outside Stresses																														
Comments (feeling sick, poor sleep, etc.)																														