

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																															
Treatment or Supplement																															
Treatment or Supplement																															
Comments (feeling sick, poor sleep, etc.)																															