

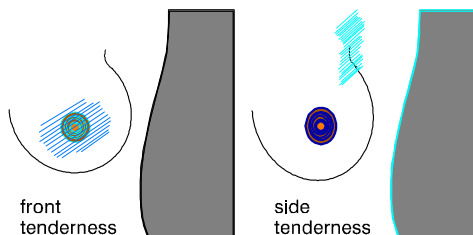
INSTRUCTIONS FOR THE DAILY MENOPAUSE DIARY

This form will help you become aware of the way your body responds to the menopausal changes in your life and to any treatments. Although this form is mostly self-explanatory, I have provided additional information so your record-keeping can best help you to understand these changes (and your physician, if you choose to share it). Please take a minute before you go to bed each night to record the information about your day. The scale at the top goes from 0 to 4. Zero means you had no experience to record, while '4' represents the worst it has ever been for you. The scale at the bottom uses letters to indicate if feelings or body symptoms are more, or less, intense, than your usual '(U)' or normal state.

Please start to fill in a new form at the beginning of a new calendar month. If it is the middle of the month, start filling in the form in the middle, on today's date.

Breast Tenderness:

You are asked to note both front and/or side breast soreness in the areas shown in the diagram. To determine if you have breast tenderness, touch both areas with the palm of your hand and note which areas are sensitive or sore. There may be very little soreness, but the pressure will feel different, for example, than if you put the same pressure on your leg.



Fluid Retention:

This means feeling bloated or puffy. Because your body is retaining more water, you may notice you weigh more and that you get up during the night to urinate.

Hot Flushes

Record the **actual number** of hot flushes you experience in the rows labelled "# Flushes-day" and "# Flushes Night". Please record the **intensity** of, or how strong the hot flush was, in the other box using the 0 - 4 scale above. A '1' would be a feeling of slight heat, and a '4' would be if you were dripping wet all over. Record the average intensity of the hot flushes you had today.

"Hot flushes--night" mean ones that occur while you are sleeping (even if that is during the day because you work a night shift). For episodes of heat or sweating during sleep give it an intensity of "1" if you don't feel it woke you up but, say, you awoke because you needed to go to the washroom, or there was a loud clap of thunder. Any intensity of "2" or more would be a night sweat that awoke you from sleep.

Stress and Feelings

You are asked to record how you **feel** each day and to evaluate the amount of stress that is part of your life. These two things are not the same. Record feelings on the numbered scale and outside stresses on the bottom scale (with letters). For example, on a given day you may not feel anxious. At the same time you may judge the stresses in your life to be a little more than usual because of a work deadline you had to meet.

Please write your comments at the bottom of the column. This may include any particular event which influenced how you felt that day (for example, report if you are ill, have a job promotion, win a major prize, have an argument with your partner, etc). Additional comments or explanations may be noted on the back of the form.

Treatment

If you are taking medication, use the diary with a line for treatments. Under 'Treatments' please write down the therapy you are taking. Mark off each day that you are taking the treatment(s) by putting an X in the square for that day. For example:

Treatments: Provera 10 mg, days 16-25																				X	X	X	X	X	X	X	X	X	X	X	X	X												
Premarin 0.3 mg, days 1-25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						

This form is designed to help you better understand the changes you are experiencing. It will also help us to understand. Eventually, through data-gathering like this, a large body of understanding will accumulate so our daughters will be more prepared than we are for their "menopausal years."