My symptom diary · 4 weeks

Fill in one row a day, in about two minutes. Count each hot flash (hot flush) with a tick: day flashes in the pink column, night ones in the indigo column. Bring all four weeks to your doctor or GP.

About me

Name (optional) _____

Age _____

Hot flashes started (month / year) _____

First day of my last period _____

Contraception: none / pill / coil / implant / injection / other _____

Diary start date _____

Medicines, HRT and herbal remedies I take now

_____

_____

_____

_____

How to fill it in

1. **Flashes:** one tick per flash, in the day or the night column.
2. **Woken:** how many times a flash or sweat woke you.
3. **Worst flash, sleep, mood:** circle one word.
4. **Bleeding:** circle none, spotting, light, normal or very heavy.
5. **Other symptoms:** tick any you had today.
6. **Treatment change:** write the date and what changed (start, stop, new dose).
7. **Notes:** what was happening before a bad flash, if you noticed.
8. At the end of each week, add up the totals row.

This diary is a record for you and your clinician. It does not diagnose anything or tell you what to take. Why each column is here: **hotflashlog.com/guides/menopause-symptom-diary**

Prefer your phone? The Meno app for iPhone keeps the same record and makes a one-page PDF: **hotflashlog.com**

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Week 1 of 4

Week starting ___ / ___ / _____

Date	Hot flashes, day (tick each)	Hot flashes, night (tick each)	Times woken	Worst flash	Sleep	Mood	Brain fog	Bleeding	Other symptoms (tick)	Treatment change (start · stop · dose)	Notes: what happened before a bad flash
Mon ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
Tue ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
Wed ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
Thu ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
Fri ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
Sat ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
Sun ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
Week total				**Days with bleeding or spotting: ____**						**Treatment changes (dates):**	

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Week 2 of 4

Week starting ___ / ___ / _____

Date	Hot flashes, day (tick each)	Hot flashes, night (tick each)	Times woken	Worst flash	Sleep	Mood	Brain fog	Bleeding	Other symptoms (tick)	Treatment change (start · stop · dose)	Notes: what happened before a bad flash
Mon ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
Tue ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
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Sat ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
Sun ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
Week total				**Days with bleeding or spotting: ____**						**Treatment changes (dates):**	

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Week 3 of 4

Week starting ___ / ___ / _____

Date	Hot flashes, day (tick each)	Hot flashes, night (tick each)	Times woken	Worst flash	Sleep	Mood	Brain fog	Bleeding	Other symptoms (tick)	Treatment change (start · stop · dose)	Notes: what happened before a bad flash
Mon ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
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Sun ___ / ___				mild moderate severe	good OK poor	good OK low	yes no	none · spotting light · normal very heavy	□ joint or muscle pain □ headache □ palpitations □ vaginal dryness □ peeing more often		
Week total				**Days with bleeding or spotting: ____**						**Treatment changes (dates):**	

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Week 4 of 4

Week starting ___ / ___ / _____

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Week total				**Days with bleeding or spotting: ____**						**Treatment changes (dates):**	

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Questions for my doctor or GP

Write them down before the appointment so none get lost.

Bring to the appointment

- This diary, all four weeks
- Your list of medicines, HRT and herbal remedies

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