

7-DAY SYMPTOM TRACKER

A simple printable to bring to your next medical appointment

Name (optional): _____ Week of: _____

Check in once a day. Use short notes. Leave anything blank that does not apply.

Day	Bleeding	Hot flashes	Sleep	Energy / mood	Other notes
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Bleeding: none / spotting / light / moderate / heavy.

Hot flashes: number of episodes; Sleep: hours or awakenings; Other: hair, weight, triggers.

Tip: Tracking is for organizing your observations, not diagnosing menopause.

If you have concerning bleeding or symptoms, contact a qualified clinician promptly.

DOCTOR VISIT PREP SHEET

A simple printable to bring to your next medical appointment

My top 3 concerns

1.

2.

3.

Changes I want to explain

My period / bleeding pattern:

My sleep, hot flashes, or energy:

My hair, weight, mood, or other changes:

Questions for my healthcare professional

- ☐ Could any other condition be contributing to these symptoms?
- ☐ Do my bleeding changes need further evaluation?
- ☐ What options might help with symptoms affecting my daily life?
- ☐ What follow-up or additional tests, if any, would you recommend?

Medications and supplements to mention:

IMPORTANT

This sheet is not a medical test or a substitute for professional care.

Unusual heavy bleeding and any bleeding after menopause need medical advice.

Emergency symptoms (such as severe bleeding with faintness) require urgent help.

Source: ACOG Menopause Symptom Tracker and ACOG bleeding guidance.