CHECK-IN™

MENOPAUSE

Menopause Symptom Snapshot™

Check what has been affecting you recently. Then choose the areas where a little more support could make the biggest difference.

Think about the past two weeks. Check each symptom and circle its impact:
1 Mild • 2 Moderate • 3 Significant

Temperature & Sleep

- ☐ Hot flashes (1) (2) (3)
- ☐ Night sweats (1) (2) (3)
- ☐ Trouble falling asleep (1) (2) (3)
- ☐ Waking during the night (1) (2) (3)

Mood & Mind

- ☐ Anxiety or uneasiness (1) (2) (3)
- ☐ Irritability or mood shifts (1) (2) (3)
- ☐ Brain fog (1) (2) (3)
- ☐ Forgetfulness or poor focus (1) (2) (3)

Body & Energy

- ☐ Fatigue (1) (2) (3)
- ☐ Joint or muscle discomfort (1) (2) (3)
- ☐ Headaches or migraines (1) (2) (3)
- ☐ Heart palpitations (1) (2) (3)

Periods & Hormonal Changes

- ☐ Irregular periods (1) (2) (3)
- ☐ Heavy or prolonged bleeding (1) (2) (3)
- ☐ Breast tenderness (1) (2) (3)
- ☐ Changing cycle symptoms (1) (2) (3)

Metabolism & Digestion

- ☐ Changes in weight or body shape (1) (2) (3)
- ☐ Bloating (1) (2) (3)
- ☐ Digestive changes (1) (2) (3)
- ☐ New food or alcohol sensitivity (1) (2) (3)

Vaginal, Bladder & Sexual Health

- ☐ Vaginal dryness or discomfort (1) (2) (3)
- ☐ Bladder urgency or leakage (1) (2) (3)
- ☐ Recurring urinary symptoms (1) (2) (3)
- ☐ Changes in libido or sexual comfort (1) (2) (3)

My Priorities Right Now

Which three symptoms are most affecting your comfort, health or daily life?

1. _____
2. _____
3. _____

☐ Track the pattern ☐ Try one supportive step ☐ Discuss it with my healthcare provider

Gentle Reminder

You do not need to tackle everything at once.
Start with what is affecting you most.

Martine's Midlife Wellness Tip

Repeat this check-in every few months.
Your priorities may change as you move through perimenopause, menopause and postmenopause.

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