PATTERN TRACKER™

MENOPAUSE

Hot Flash & Night Sweat Pattern Tracker™

Track a few episodes at a time to notice when they happen,
what may influence them and which strategies bring relief.

Date: _____ Day of week: _____

1 Mild • 2 Moderate • 3 Strong

TIME	HOT FLASH OR NIGHT SWEAT	INTENSITY 1–3	WHAT WAS HAPPENING?	WHAT I TRIED	DID IT HELP? ✓
					YES SOMEWHAT NO
					YES SOMEWHAT NO
					YES SOMEWHAT NO
					YES SOMEWHAT NO
					YES SOMEWHAT NO

Possible Influences

- ☐ Warm room
- ☐ Stress or strong emotion
- ☐ Caffeine
- ☐ Alcohol
- ☐ Spicy food
- ☐ Hot drink
- ☐ Exercise
- ☐ Poor sleep
- ☐ Skipped meal
- ☐ Medication or supplement
- ☐ Nothing obvious
- ☐ Other: _____

What Did You Notice?

When were symptoms most likely to happen? _____

_____

What seemed to make them stronger? _____

What helped you feel more comfortable? _____

Gentle Reminder

Triggers vary from woman to woman,
and some episodes may not have an obvious cause.

Martine's Midlife Wellness Tip

Track only long enough to learn something useful.
The goal is to spot patterns, not to document every hot flash forever.