PHYLLINGOOD

Understand your body. Feel good about it.

A 3-MONTH TRACKER

My Midlife Symptom Tracker

Track your symptoms for three months, then bring it to your doctor so you both see the full picture.

My name

Start date

For educational purposes only. Based on published health research. Not medical advice. Always consult your healthcare provider.

How to use this tracker

Five minutes a month, and a minute on the days symptoms show up. That's it. You can type right into this PDF on a phone or computer, or print it and write by hand.

1

Monthly Symptom Check

Once a month, rate all 16 symptoms from "Not at all" to "Extremely." Then write your top 3. Over time you'll see what's getting better and what isn't.

2

Weekly Log

On days symptoms flare, jot down hot flashes, night sweats, sleep, mood and energy, plus anything that might have set them off. You don't have to fill in every day.

3

Period Tracker

Record the start and end of each period, how heavy it was, and any spotting in between. Your doctor will ask for the date of your last period.

4

Monthly Summary

At the end of each month, note what changed and what you want to bring up with your doctor.

5

Bring it to your visit

Use it with your Doctor-Visit Kit. A few weeks of notes says far more than "I just don't feel like myself."

Call your doctor right away for any bleeding after menopause, very heavy bleeding, chest pain, or thoughts of harming yourself. In the U.S., call or text 988 for the Suicide and Crisis Lifeline, or call 911 in an emergency.

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Monthly Symptom Check · Month 1

How much has each symptom bothered you this month? Tap one circle per row.

MONTH _____ DATE FILLED IN _____

	Not at all	A little	Quite a bit	Extremely
Hot flashes	○	○	○	○
Night sweats	○	○	○	○
Trouble sleeping	○	○	○	○
Muscle and joint aches	○	○	○	○
Racing or pounding heartbeat	○	○	○	○
Brain fog / trouble concentrating	○	○	○	○
Forgetfulness	○	○	○	○
Lower sex drive	○	○	○	○
Vaginal dryness or painful sex	○	○	○	○
Anxiety	○	○	○	○
Mood changes (sad or irritable)	○	○	○	○
Tiredness	○	○	○	○
Itchy or dry skin	○	○	○	○
Bladder or urinary changes	○	○	○	○
Irregular periods	○	○	○	○
Something else: _____	○	○	○	○

My top 3 most bothersome symptoms this month

1. _____
2. _____
3. _____

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Monthly Symptom Check · Month 2

How much has each symptom bothered you this month? Tap one circle per row.

MONTH _____ DATE FILLED IN _____

	Not at all	A little	Quite a bit	Extremely
Hot flashes	○	○	○	○
Night sweats	○	○	○	○
Trouble sleeping	○	○	○	○
Muscle and joint aches	○	○	○	○
Racing or pounding heartbeat	○	○	○	○
Brain fog / trouble concentrating	○	○	○	○
Forgetfulness	○	○	○	○
Lower sex drive	○	○	○	○
Vaginal dryness or painful sex	○	○	○	○
Anxiety	○	○	○	○
Mood changes (sad or irritable)	○	○	○	○
Tiredness	○	○	○	○
Itchy or dry skin	○	○	○	○
Bladder or urinary changes	○	○	○	○
Irregular periods	○	○	○	○
Something else: _____	○	○	○	○

My top 3 most bothersome symptoms this month

1. _____
2. _____
3. _____

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Monthly Symptom Check · Month 3

How much has each symptom bothered you this month? Tap one circle per row.

MONTH _____ DATE FILLED IN _____

	Not at all	A little	Quite a bit	Extremely
Hot flashes	○	○	○	○
Night sweats	○	○	○	○
Trouble sleeping	○	○	○	○
Muscle and joint aches	○	○	○	○
Racing or pounding heartbeat	○	○	○	○
Brain fog / trouble concentrating	○	○	○	○
Forgetfulness	○	○	○	○
Lower sex drive	○	○	○	○
Vaginal dryness or painful sex	○	○	○	○
Anxiety	○	○	○	○
Mood changes (sad or irritable)	○	○	○	○
Tiredness	○	○	○	○
Itchy or dry skin	○	○	○	○
Bladder or urinary changes	○	○	○	○
Irregular periods	○	○	○	○
Something else: _____	○	○	○	○

My top 3 most bothersome symptoms this month

1. _____
2. _____
3. _____

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Weekly Log · Week 1

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

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Weekly Log · Week 2

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

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Weekly Log · Week 3

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

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Weekly Log · Week 4

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

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Weekly Log · Week 5

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

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Weekly Log · Week 6

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

For educational purposes only. Based on published health research. Not medical advice. Always consult your healthcare provider.

Weekly Log · Week 7

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

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Weekly Log · Week 8

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

For educational purposes only. Based on published health research. Not medical advice. Always consult your healthcare provider.

Weekly Log · Week 9

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

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Weekly Log · Week 10

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

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Weekly Log · Week 11

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

For educational purposes only. Based on published health research. Not medical advice. Always consult your healthcare provider.

Weekly Log · Week 12

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

For educational purposes only. Based on published health research. Not medical advice. Always consult your healthcare provider.

Weekly Log · Week 13

Fill in the days symptoms show up. Strength, mood and energy: 1 = very low or mild, 5 = very high or severe.

WEEK OF

Day / date	Hot flashes #	Strength 1–5	Night sweats #	Hours slept	Woke up #	Mood 1–5	Energy 1–5	Possible triggers	Notes
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

Trigger ideas: warm room · hot drink · alcohol · caffeine · spicy food · stress · poor sleep · other

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Period Tracker

Record every period and any spotting. If you haven't had a period in a while, write the date of your last one below.

DATE OF MY LAST PERIOD

MONTHS SINCE MY LAST PERIOD

Start date	End date	Flow	Spotting between?	Notes
		○ Light ○ Medium ○ Heavy	☐	
		○ Light ○ Medium ○ Heavy	☐	
		○ Light ○ Medium ○ Heavy	☐	
		○ Light ○ Medium ○ Heavy	☐	
		○ Light ○ Medium ○ Heavy	☐	
		○ Light ○ Medium ○ Heavy	☐	
		○ Light ○ Medium ○ Heavy	☐	
		○ Light ○ Medium ○ Heavy	☐	
		○ Light ○ Medium ○ Heavy	☐	
		○ Light ○ Medium ○ Heavy	☐	
		○ Light ○ Medium ○ Heavy	☐	
		○ Light ○ Medium ○ Heavy	☐	

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Monthly Summary · Month 1

Look back over your symptom check, weekly logs and period tracker. What stands out?

MONTH

What got better

Symptoms that improved, and anything that seemed to help.

What got worse or is new

Symptoms that got worse, or that you noticed for the first time.

Patterns I noticed

For example, worse after poor sleep, alcohol or stress, or at a certain point in my cycle.

To bring up with my doctor

Questions, worries or changes to mention at your next visit.

- [ ] I filled in my Monthly Symptom Check for this month.

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Monthly Summary · Month 2

Look back over your symptom check, weekly logs and period tracker. What stands out?

MONTH

What got better

Symptoms that improved, and anything that seemed to help.

What got worse or is new

Symptoms that got worse, or that you noticed for the first time.

Patterns I noticed

For example, worse after poor sleep, alcohol or stress, or at a certain point in my cycle.

To bring up with my doctor

Questions, worries or changes to mention at your next visit.

- [ ] I filled in my Monthly Symptom Check for this month.

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Monthly Summary · Month 3

Look back over your symptom check, weekly logs and period tracker. What stands out?

MONTH

What got better

Symptoms that improved, and anything that seemed to help.

What got worse or is new

Symptoms that got worse, or that you noticed for the first time.

Patterns I noticed

For example, worse after poor sleep, alcohol or stress, or at a certain point in my cycle.

To bring up with my doctor

Questions, worries or changes to mention at your next visit.

- [ ] I filled in my Monthly Symptom Check for this month.

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A note before you go

This tracker is for personal tracking and general education only. It is based on research from publicly available, trusted health sources. It is not medical advice and is not a substitute for advice, diagnosis or treatment from a qualified healthcare provider. The author is not a doctor or medical professional. Always talk with your healthcare provider before making decisions about your health, symptoms or treatment. If you think you may have a medical emergency, call 911 or your local emergency number.

The 16 symptoms and the four-point rating scale are adapted from the NSW Government Menopause Symptom Checklist. What to track before an appointment follows guidance from University of Utah Health's Midlife Care program.



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phyllingood.com · youtube.com/@PhyllinGood

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