



Menopause Training for
Occupational Health

Menopause Symptom Tracker



Symptoms

0 = not at all | 1 = a little | 2 = quite a bit | 3 = extremely

Physical symptoms	0	1	2	3
Hot flushes/flushes/Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin (dryness, itching or acne)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aching joints and muscles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight gain or bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired / Fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart palpitations / Heart beating quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UTI, urinary frequency & leakage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological symptoms	0	1	2	3
Worry or anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower self confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings / irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of interest in sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low mood or depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easily tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased ability to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain fog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to multi task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Step 1:

- What are your symptoms?
- Do you experience these symptoms more at certain times?
- Prioritise the top 3 or 4
- How do they affect you at home and at work?

eg. difficulty concentrating and anxiety - worse at work in busy environments when I've not slept - making me withdraw from project work and question my abilities.

Step 2:

- What is your personal philosophy to manage symptoms and long-term health?
- Do you prefer the medical, complementary or lifestyle approach, or a combination?
- Decide who you are going to talk to and when.
- Establish who can help you at home and at work.

eg. I want to have all the information before making a choice about how I manage symptoms. Will try things one at a time to see what works for me. Want to see a healthcare practitioner and talk to someone in the gender network and EAP about support at work.



WHAT NEXT?

Step 3:

- What do you plan to do to:
 - Learn more about menopause (if you need to)?
 - Manage your symptoms and long-term health?
 - Decide who are you going to talk to? And by when?
 - Understand who can help you (at work, at home)?

eg. Read the NICE guidelines this week, book an appointment with a healthcare practitioner in next month, track my symptoms and call the EAP at work once I've spoken to the GP.

Book an appointment with your healthcare practitioner and bring this workbook with you to help guide the conversation.

