



Petal & Paper

YOUR FREE PRINTABLE

Perimenopause symptom tracker



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P E R I M E N O P A U S E T R A C K I N G

symptom tracker

Daily log — week commencing

Mon: Hot flushes ____ / day Severity ____/5

Night sweats: ☐

Sleep: ____hrs Quality ____/5 Mood ____/5

Anxiety ____/5

Tue: Hot flushes ____ Night sweats: ☐ Sleep
____hrs Mood ____/5

Wed: Hot flushes ____ Night sweats: ☐ Sleep
____hrs Mood ____/5

Thu: Hot flushes ____ Night sweats: ☐ Sleep
____hrs Mood ____/5

Fri: Hot flushes ____ Night sweats: ☐ Sleep
____hrs Mood ____/5

Weekend: Hot flushes ____ Notes:

Cycle record

Last period: ____ Duration: ____ Flow: light /
normal / heavy

Cycle length this month: ____ (last 3 months:
____ ____ ____)

Irregular or skipped: _____

Spotting: _____

Other symptoms this week

Brain fog / concentration: ____/5

Joint pain or aching: ____/5

Vaginal dryness / discomfort: ____/5

Heart palpitations: ☐ Low libido: ____/5

Low mood or tearfulness: ____/5

Headaches: ____ Bladder changes: ____

For GP / menopause clinic

Symptoms affecting daily life most:

HRT / treatment currently using:

Questions to ask: _____

Next appointment: _____