

# Menopause and perimenopause symptom diary

A simple diary to fill in for a minute or two a day. Score your symptoms, note your periods, and after a few weeks you'll have a clear record to take to your GP or practice nurse. Free to print, and no sign-up.

**Don't wait to fill in a diary. Call 999 or go to A&E if:**

- you have heart palpitations that don't go away, or palpitations with chest pain, shortness of breath, or feeling faint or fainting (NHS)
- you've seriously harmed yourself, or feel you may be about to harm yourself. You can also call Samaritans on 116 123 (NHS)

**See your GP if:**

- you have any vaginal bleeding 12 months or more after your last period, even if it's only a small amount, spotting, pink or brown discharge, or it's only happened once (NHS)
- you still have periods but you're bleeding more, not less, than before (NHS)
- you're taking HRT and still have irregular or heavier bleeding or spotting after 6 months (NHS)

## How to use the diary

1. **Fill in the "About me" box first.** Add the date of your last period, any contraception or HRT, and any other medicines or supplements. Hormonal contraception can make it harder to tell if you've reached perimenopause or menopause, so it's worth writing down (NHS).
2. **Each evening, give each symptom a score from 0 to 3.** It takes a minute or two. If you'd rather not do it every day, fill it in two or three times a week while it's fresh. If you miss a day, leave it blank and carry on.
3. **Note your periods.** In the periods row, write P for a period, S for spotting, or H if it's heavier than usual.
4. **Use the notes box for anything else:** a new symptom, a bad night, a stressful day. The NHS suggests avoiding possible triggers such as spicy food, caffeine, hot drinks, smoking and alcohol (NHS), so you might note those too.
5. **Keep going for as long as you need.** There are eight weeks. If your appointment comes sooner, take what you have.

**Scores:** 0 = not at all    1 = a little    2 = quite a lot    3 = a lot: it got in the way of my day or my sleep

## About me

Date I started this diary

Date of my last period

Contraception or HRT I'm using

Other medicines, supplements or herbal remedies

# Week 1

Starting on: \_\_\_\_\_

Score 0 to 3: **0** not at all · **1** a little · **2** quite a lot · **3** a lot, it got in the way of my day or sleep. Periods: **P** period · **S** spotting · **H** heavier than usual

| SYMPTOM | MON | TUE | WED | THU | FRI | SAT | SUN |
|---------|-----|-----|-----|-----|-----|-----|-----|
|---------|-----|-----|-----|-----|-----|-----|-----|

## HEAT AND SLEEP

|                                         |  |  |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|--|--|
| Hot flushes                             |  |  |  |  |  |  |  |
| Night sweats                            |  |  |  |  |  |  |  |
| Trouble sleeping or waking in the night |  |  |  |  |  |  |  |
| Tiredness                               |  |  |  |  |  |  |  |

## MOOD AND MIND

|                                    |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| Low mood                           |  |  |  |  |  |  |  |
| Anxiety or worry                   |  |  |  |  |  |  |  |
| Mood swings or a short fuse        |  |  |  |  |  |  |  |
| Brain fog: memory or concentration |  |  |  |  |  |  |  |

## BODY

|                                          |  |  |  |  |  |  |  |
|------------------------------------------|--|--|--|--|--|--|--|
| Joint or muscle aches                    |  |  |  |  |  |  |  |
| Headaches or migraine                    |  |  |  |  |  |  |  |
| Palpitations: a racing or pounding heart |  |  |  |  |  |  |  |
| Vaginal dryness or discomfort            |  |  |  |  |  |  |  |
| Needing to wee more often or urgently    |  |  |  |  |  |  |  |

## PERIODS

|                                     |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|
| Period or bleeding: write P, S or H |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|

## ANYTHING ELSE

|        |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|
| Other: |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |

**Notes this week** New symptoms, bad nights, stress, alcohol, caffeine, anything that seemed to set things off

# Week 2

Starting on: \_\_\_\_\_

Score 0 to 3: **0** not at all · **1** a little · **2** quite a lot · **3** a lot, it got in the way of my day or sleep. Periods: **P** period · **S** spotting · **H** heavier than usual

| SYMPTOM | MON | TUE | WED | THU | FRI | SAT | SUN |
|---------|-----|-----|-----|-----|-----|-----|-----|
|---------|-----|-----|-----|-----|-----|-----|-----|

## HEAT AND SLEEP

|                                         |  |  |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|--|--|
| Hot flushes                             |  |  |  |  |  |  |  |
| Night sweats                            |  |  |  |  |  |  |  |
| Trouble sleeping or waking in the night |  |  |  |  |  |  |  |
| Tiredness                               |  |  |  |  |  |  |  |

## MOOD AND MIND

|                                    |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| Low mood                           |  |  |  |  |  |  |  |
| Anxiety or worry                   |  |  |  |  |  |  |  |
| Mood swings or a short fuse        |  |  |  |  |  |  |  |
| Brain fog: memory or concentration |  |  |  |  |  |  |  |

## BODY

|                                          |  |  |  |  |  |  |  |
|------------------------------------------|--|--|--|--|--|--|--|
| Joint or muscle aches                    |  |  |  |  |  |  |  |
| Headaches or migraine                    |  |  |  |  |  |  |  |
| Palpitations: a racing or pounding heart |  |  |  |  |  |  |  |
| Vaginal dryness or discomfort            |  |  |  |  |  |  |  |
| Needing to wee more often or urgently    |  |  |  |  |  |  |  |

## PERIODS

|                                     |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|
| Period or bleeding: write P, S or H |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|

## ANYTHING ELSE

|        |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|
| Other: |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |

**Notes this week** New symptoms, bad nights, stress, alcohol, caffeine, anything that seemed to set things off

# Week 3

Starting on: \_\_\_\_\_

Score 0 to 3: **0** not at all · **1** a little · **2** quite a lot · **3** a lot, it got in the way of my day or sleep. Periods: **P** period · **S** spotting · **H** heavier than usual

| SYMPTOM | MON | TUE | WED | THU | FRI | SAT | SUN |
|---------|-----|-----|-----|-----|-----|-----|-----|
|---------|-----|-----|-----|-----|-----|-----|-----|

## HEAT AND SLEEP

|                                         |  |  |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|--|--|
| Hot flushes                             |  |  |  |  |  |  |  |
| Night sweats                            |  |  |  |  |  |  |  |
| Trouble sleeping or waking in the night |  |  |  |  |  |  |  |
| Tiredness                               |  |  |  |  |  |  |  |

## MOOD AND MIND

|                                    |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| Low mood                           |  |  |  |  |  |  |  |
| Anxiety or worry                   |  |  |  |  |  |  |  |
| Mood swings or a short fuse        |  |  |  |  |  |  |  |
| Brain fog: memory or concentration |  |  |  |  |  |  |  |

## BODY

|                                          |  |  |  |  |  |  |  |
|------------------------------------------|--|--|--|--|--|--|--|
| Joint or muscle aches                    |  |  |  |  |  |  |  |
| Headaches or migraine                    |  |  |  |  |  |  |  |
| Palpitations: a racing or pounding heart |  |  |  |  |  |  |  |
| Vaginal dryness or discomfort            |  |  |  |  |  |  |  |
| Needing to wee more often or urgently    |  |  |  |  |  |  |  |

## PERIODS

|                                     |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|
| Period or bleeding: write P, S or H |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|

## ANYTHING ELSE

|        |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|
| Other: |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |

**Notes this week** New symptoms, bad nights, stress, alcohol, caffeine, anything that seemed to set things off

# Week 4

Starting on: \_\_\_\_\_

Score 0 to 3: **0** not at all · **1** a little · **2** quite a lot · **3** a lot, it got in the way of my day or sleep. Periods: **P** period · **S** spotting · **H** heavier than usual

| SYMPTOM | MON | TUE | WED | THU | FRI | SAT | SUN |
|---------|-----|-----|-----|-----|-----|-----|-----|
|---------|-----|-----|-----|-----|-----|-----|-----|

## HEAT AND SLEEP

|                                         |  |  |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|--|--|
| Hot flushes                             |  |  |  |  |  |  |  |
| Night sweats                            |  |  |  |  |  |  |  |
| Trouble sleeping or waking in the night |  |  |  |  |  |  |  |
| Tiredness                               |  |  |  |  |  |  |  |

## MOOD AND MIND

|                                    |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| Low mood                           |  |  |  |  |  |  |  |
| Anxiety or worry                   |  |  |  |  |  |  |  |
| Mood swings or a short fuse        |  |  |  |  |  |  |  |
| Brain fog: memory or concentration |  |  |  |  |  |  |  |

## BODY

|                                          |  |  |  |  |  |  |  |
|------------------------------------------|--|--|--|--|--|--|--|
| Joint or muscle aches                    |  |  |  |  |  |  |  |
| Headaches or migraine                    |  |  |  |  |  |  |  |
| Palpitations: a racing or pounding heart |  |  |  |  |  |  |  |
| Vaginal dryness or discomfort            |  |  |  |  |  |  |  |
| Needing to wee more often or urgently    |  |  |  |  |  |  |  |

## PERIODS

|                                     |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|
| Period or bleeding: write P, S or H |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|

## ANYTHING ELSE

|        |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|
| Other: |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |

**Notes this week** New symptoms, bad nights, stress, alcohol, caffeine, anything that seemed to set things off

# Week 5

Starting on: \_\_\_\_\_

Score 0 to 3: **0** not at all · **1** a little · **2** quite a lot · **3** a lot, it got in the way of my day or sleep. Periods: **P** period · **S** spotting · **H** heavier than usual

| SYMPTOM | MON | TUE | WED | THU | FRI | SAT | SUN |
|---------|-----|-----|-----|-----|-----|-----|-----|
|---------|-----|-----|-----|-----|-----|-----|-----|

## HEAT AND SLEEP

|                                         |  |  |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|--|--|
| Hot flushes                             |  |  |  |  |  |  |  |
| Night sweats                            |  |  |  |  |  |  |  |
| Trouble sleeping or waking in the night |  |  |  |  |  |  |  |
| Tiredness                               |  |  |  |  |  |  |  |

## MOOD AND MIND

|                                    |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| Low mood                           |  |  |  |  |  |  |  |
| Anxiety or worry                   |  |  |  |  |  |  |  |
| Mood swings or a short fuse        |  |  |  |  |  |  |  |
| Brain fog: memory or concentration |  |  |  |  |  |  |  |

## BODY

|                                          |  |  |  |  |  |  |  |
|------------------------------------------|--|--|--|--|--|--|--|
| Joint or muscle aches                    |  |  |  |  |  |  |  |
| Headaches or migraine                    |  |  |  |  |  |  |  |
| Palpitations: a racing or pounding heart |  |  |  |  |  |  |  |
| Vaginal dryness or discomfort            |  |  |  |  |  |  |  |
| Needing to wee more often or urgently    |  |  |  |  |  |  |  |

## PERIODS

|                                     |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|
| Period or bleeding: write P, S or H |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|

## ANYTHING ELSE

|        |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|
| Other: |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |

**Notes this week** New symptoms, bad nights, stress, alcohol, caffeine, anything that seemed to set things off

# Week 6

Starting on: \_\_\_\_\_

Score 0 to 3: **0** not at all · **1** a little · **2** quite a lot · **3** a lot, it got in the way of my day or sleep. Periods: **P** period · **S** spotting · **H** heavier than usual

| SYMPTOM | MON | TUE | WED | THU | FRI | SAT | SUN |
|---------|-----|-----|-----|-----|-----|-----|-----|
|---------|-----|-----|-----|-----|-----|-----|-----|

## HEAT AND SLEEP

|                                         |  |  |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|--|--|
| Hot flushes                             |  |  |  |  |  |  |  |
| Night sweats                            |  |  |  |  |  |  |  |
| Trouble sleeping or waking in the night |  |  |  |  |  |  |  |
| Tiredness                               |  |  |  |  |  |  |  |

## MOOD AND MIND

|                                    |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| Low mood                           |  |  |  |  |  |  |  |
| Anxiety or worry                   |  |  |  |  |  |  |  |
| Mood swings or a short fuse        |  |  |  |  |  |  |  |
| Brain fog: memory or concentration |  |  |  |  |  |  |  |

## BODY

|                                          |  |  |  |  |  |  |  |
|------------------------------------------|--|--|--|--|--|--|--|
| Joint or muscle aches                    |  |  |  |  |  |  |  |
| Headaches or migraine                    |  |  |  |  |  |  |  |
| Palpitations: a racing or pounding heart |  |  |  |  |  |  |  |
| Vaginal dryness or discomfort            |  |  |  |  |  |  |  |
| Needing to wee more often or urgently    |  |  |  |  |  |  |  |

## PERIODS

|                                     |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|
| Period or bleeding: write P, S or H |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|

## ANYTHING ELSE

|        |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|
| Other: |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |

**Notes this week** New symptoms, bad nights, stress, alcohol, caffeine, anything that seemed to set things off

# Week 7

Starting on: \_\_\_\_\_

Score 0 to 3: **0** not at all · **1** a little · **2** quite a lot · **3** a lot, it got in the way of my day or sleep. Periods: **P** period · **S** spotting · **H** heavier than usual

| SYMPTOM | MON | TUE | WED | THU | FRI | SAT | SUN |
|---------|-----|-----|-----|-----|-----|-----|-----|
|---------|-----|-----|-----|-----|-----|-----|-----|

## HEAT AND SLEEP

|                                         |  |  |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|--|--|
| Hot flushes                             |  |  |  |  |  |  |  |
| Night sweats                            |  |  |  |  |  |  |  |
| Trouble sleeping or waking in the night |  |  |  |  |  |  |  |
| Tiredness                               |  |  |  |  |  |  |  |

## MOOD AND MIND

|                                    |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| Low mood                           |  |  |  |  |  |  |  |
| Anxiety or worry                   |  |  |  |  |  |  |  |
| Mood swings or a short fuse        |  |  |  |  |  |  |  |
| Brain fog: memory or concentration |  |  |  |  |  |  |  |

## BODY

|                                          |  |  |  |  |  |  |  |
|------------------------------------------|--|--|--|--|--|--|--|
| Joint or muscle aches                    |  |  |  |  |  |  |  |
| Headaches or migraine                    |  |  |  |  |  |  |  |
| Palpitations: a racing or pounding heart |  |  |  |  |  |  |  |
| Vaginal dryness or discomfort            |  |  |  |  |  |  |  |
| Needing to wee more often or urgently    |  |  |  |  |  |  |  |

## PERIODS

|                                     |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|
| Period or bleeding: write P, S or H |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|

## ANYTHING ELSE

|        |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|
| Other: |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |

**Notes this week** New symptoms, bad nights, stress, alcohol, caffeine, anything that seemed to set things off

# Week 8

Starting on: \_\_\_\_\_

Score 0 to 3: **0** not at all · **1** a little · **2** quite a lot · **3** a lot, it got in the way of my day or sleep. Periods: **P** period · **S** spotting · **H** heavier than usual

| SYMPTOM | MON | TUE | WED | THU | FRI | SAT | SUN |
|---------|-----|-----|-----|-----|-----|-----|-----|
|---------|-----|-----|-----|-----|-----|-----|-----|

## HEAT AND SLEEP

|                                         |  |  |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|--|--|
| Hot flushes                             |  |  |  |  |  |  |  |
| Night sweats                            |  |  |  |  |  |  |  |
| Trouble sleeping or waking in the night |  |  |  |  |  |  |  |
| Tiredness                               |  |  |  |  |  |  |  |

## MOOD AND MIND

|                                    |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| Low mood                           |  |  |  |  |  |  |  |
| Anxiety or worry                   |  |  |  |  |  |  |  |
| Mood swings or a short fuse        |  |  |  |  |  |  |  |
| Brain fog: memory or concentration |  |  |  |  |  |  |  |

## BODY

|                                          |  |  |  |  |  |  |  |
|------------------------------------------|--|--|--|--|--|--|--|
| Joint or muscle aches                    |  |  |  |  |  |  |  |
| Headaches or migraine                    |  |  |  |  |  |  |  |
| Palpitations: a racing or pounding heart |  |  |  |  |  |  |  |
| Vaginal dryness or discomfort            |  |  |  |  |  |  |  |
| Needing to wee more often or urgently    |  |  |  |  |  |  |  |

## PERIODS

|                                     |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|
| Period or bleeding: write P, S or H |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|

## ANYTHING ELSE

|        |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|
| Other: |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |

**Notes this week** New symptoms, bad nights, stress, alcohol, caffeine, anything that seemed to set things off

# Getting ready for your GP appointment

My appointment: date and time

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Who I'm seeing

---

## The things I most want help with

1.

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2.

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3.

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## What to take with you

- This diary, or a few notes on what it shows.
- The date of your last period, and any changes to your periods (the Menopause Charity).
- A list of any medicines you take, including herbal supplements (the Menopause Charity).
- Your questions, written down, so you don't forget them in the appointment (the Menopause Charity).

## Questions you might want to ask

- Could my symptoms be perimenopause or menopause? Could anything else be causing them?
- Do I need any tests?
- What are my treatment options, including HRT and options without hormones?
- What are the benefits and risks of each one for me?
- Do I still need contraception?
- What can I do myself in the meantime?
- When should we check how things are going?

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This diary is general information, not medical advice. It can't tell you whether you're in perimenopause or menopause, and it doesn't replace seeing your GP. Based on information from the NHS, NHS inform, NICE, Women's Health Concern and the Menopause Charity, checked in October 2026. Free from [softermind.com/symptom-diary](https://softermind.com/symptom-diary)