Perimenopause & Menopause Symptom Tracker

Six weeks of sleep, cycle, mood, digestion, and temperature

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Why track for six weeks

Symptoms in the years around menopause rarely arrive one at a time, and they rarely stay the same from week to week. A single bad night or a single good week can hide the pattern. Six weeks usually covers at least one full cycle, often more, which makes it easier to see what repeats, what clusters together, and what changes.

This tracker builds on our Perimenopause Symptom Checklist. The checklist looks back over three months. The tracker follows the same areas forward, day by day.

How to use it

Once a day, ideally at the same time, fill in that day's column on the weekly page. It takes about two minutes. Mornings work well for sleep and night sweats.

Use a simple 0–3 scale for most rows: 0 = not at all, 1 = mild, 2 = moderate, 3 = severe or hard to get through the day. A few rows ask for a number or a code instead; the grid tells you which.

Missed a day? Leave it blank and pick up the next day. A partial record is still useful.

At the end of six weeks, complete the summary page and bring the whole tracker to an appointment, with us or with any healthcare provider.

Before you start

Start date: _____

First day of your most recent period (if you still have periods):

_____

Your usual cycle length, if you know it: _____ days

The three symptoms that bother you most right now:

1. _____
2. _____
3. _____

Please do not wait to track these

Contact a healthcare provider promptly if you have:

- Bleeding that is very heavy, lasts much longer than usual, or occurs after you have gone 12 months without a period
- Bleeding between periods that is new for you
- Chest pain, fainting, or shortness of breath: call 911
- Thoughts of harming yourself: call or text 988 (the Suicide & Crisis Lifeline in the US) or go to your nearest emergency department

Medications, Hormones & Supplements

Fill in before Week 1. Update as things change.

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Changes in what you take can explain changes in how you feel. List everything you take regularly, including prescriptions, hormones (pills, patches, creams), birth control, supplements, herbs, and over-the-counter sleep or digestive aids. Please do not start, stop, or change anything because of this tracker; bring questions to your provider.

What you take	Amount and how often	Started (date)	Stopped or changed (date, what)

Anything else going on that might matter? (for example: a new job, travel, illness, a loss, a big change in exercise)

Week 1 of 6

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Scale for most rows: 0 = not at all 1 = mild 2 = moderate 3 = severe

Week starting (date): _____

Symptom	Record as	Day 1 date ____	Day 2 date ____	Day 3 date ____	Day 4 date ____	Day 5 date ____	Day 6 date ____	Day 7 date ____	Notes
CYCLE									
Bleeding	0 · S · L · M · H								
Cramps or PMS-type symptoms	0–3								
SLEEP									
Hours slept (approx.)	number								
Trouble falling asleep	0–3								
Woke early, could not fall back asleep	0–3								
Woke unrefreshed	0–3								
TEMPERATURE									
Hot flashes	how many								
Night sweats	0–3								
Felt unusually cold or chilled	0–3								
MOOD & THINKING									
Irritability	0–3								
Anxiety	0–3								
Low mood	0–3								
Brain fog / trouble concentrating	0–3								
DIGESTION									
Bloating	0–3								
Bowel changes	0–3								
Reflux	0–3								
ENERGY & BODY									
Fatigue	0–3								
Joint or muscle aches	0–3								
Headache	0–3								
Palpitations / racing heart	0–3								

Fill in one value per symptom row. Shaded section names are headings only. Bleeding codes: 0 none · S spotting · L light · M medium · H heavy. Bowel changes = constipation, loose stools, or switching.

This week (circle or note):

Changes in libido none · some · a lot

Vaginal dryness or discomfort none · some · a lot

Urinary urgency or infection no · yes

Medication, hormone, or supplement changes? no · yes (list on page 2)

Anything that seemed to make things better or worse (alcohol, caffeine, stress, exercise, travel): _____

Week 2 of 6

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Scale for most rows: 0 = not at all 1 = mild 2 = moderate 3 = severe

Week starting (date): _____

Symptom	Record as	Day 1 date ____	Day 2 date ____	Day 3 date ____	Day 4 date ____	Day 5 date ____	Day 6 date ____	Day 7 date ____	Notes
CYCLE									
Bleeding	0 · S · L · M · H								
Cramps or PMS-type symptoms	0–3								
SLEEP									
Hours slept (approx.)	number								
Trouble falling asleep	0–3								
Woke early, could not fall back asleep	0–3								
Woke unrefreshed	0–3								
TEMPERATURE									
Hot flashes	how many								
Night sweats	0–3								
Felt unusually cold or chilled	0–3								
MOOD & THINKING									
Irritability	0–3								
Anxiety	0–3								
Low mood	0–3								
Brain fog / trouble concentrating	0–3								
DIGESTION									
Bloating	0–3								
Bowel changes	0–3								
Reflux	0–3								
ENERGY & BODY									
Fatigue	0–3								
Joint or muscle aches	0–3								
Headache	0–3								
Palpitations / racing heart	0–3								

Fill in one value per symptom row. Shaded section names are headings only. Bleeding codes: 0 none · S spotting · L light · M medium · H heavy. Bowel changes = constipation, loose stools, or switching.

This week (circle or note):

Changes in libido none · some · a lot

Vaginal dryness or discomfort none · some · a lot

Urinary urgency or infection no · yes

Medication, hormone, or supplement changes? no · yes (list on page 2)

Anything that seemed to make things better or worse (alcohol, caffeine, stress, exercise, travel): _____

Week 3 of 6

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Scale for most rows: 0 = not at all 1 = mild 2 = moderate 3 = severe

Week starting (date): _____

Symptom	Record as	Day 1 date ____	Day 2 date ____	Day 3 date ____	Day 4 date ____	Day 5 date ____	Day 6 date ____	Day 7 date ____	Notes
CYCLE									
Bleeding	0 · S · L · M · H								
Cramps or PMS-type symptoms	0–3								
SLEEP									
Hours slept (approx.)	number								
Trouble falling asleep	0–3								
Woke early, could not fall back asleep	0–3								
Woke unrefreshed	0–3								
TEMPERATURE									
Hot flashes	how many								
Night sweats	0–3								
Felt unusually cold or chilled	0–3								
MOOD & THINKING									
Irritability	0–3								
Anxiety	0–3								
Low mood	0–3								
Brain fog / trouble concentrating	0–3								
DIGESTION									
Bloating	0–3								
Bowel changes	0–3								
Reflux	0–3								
ENERGY & BODY									
Fatigue	0–3								
Joint or muscle aches	0–3								
Headache	0–3								
Palpitations / racing heart	0–3								

Fill in one value per symptom row. Shaded section names are headings only. Bleeding codes: 0 none · S spotting · L light · M medium · H heavy. Bowel changes = constipation, loose stools, or switching.

This week (circle or note):

Changes in libido none · some · a lot

Vaginal dryness or discomfort none · some · a lot

Urinary urgency or infection no · yes

Medication, hormone, or supplement changes? no · yes (list on page 2)

Anything that seemed to make things better or worse (alcohol, caffeine, stress, exercise, travel): _____

Week 4 of 6

BASTYR UNIVERSITY CLINIC

Scale for most rows: 0 = not at all 1 = mild 2 = moderate 3 = severe

Week starting (date): _____

Symptom	Record as	Day 1 date ____	Day 2 date ____	Day 3 date ____	Day 4 date ____	Day 5 date ____	Day 6 date ____	Day 7 date ____	Notes
CYCLE									
Bleeding	0 · S · L · M · H								
Cramps or PMS-type symptoms	0–3								
SLEEP									
Hours slept (approx.)	number								
Trouble falling asleep	0–3								
Woke early, could not fall back asleep	0–3								
Woke unrefreshed	0–3								
TEMPERATURE									
Hot flashes	how many								
Night sweats	0–3								
Felt unusually cold or chilled	0–3								
MOOD & THINKING									
Irritability	0–3								
Anxiety	0–3								
Low mood	0–3								
Brain fog / trouble concentrating	0–3								
DIGESTION									
Bloating	0–3								
Bowel changes	0–3								
Reflux	0–3								
ENERGY & BODY									
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Fill in one value per symptom row. Shaded section names are headings only. Bleeding codes: 0 none · S spotting · L light · M medium · H heavy. Bowel changes = constipation, loose stools, or switching.

This week (circle or note):

Changes in libido none · some · a lot

Vaginal dryness or discomfort none · some · a lot

Urinary urgency or infection no · yes

Medication, hormone, or supplement changes? no · yes (list on page 2)

Anything that seemed to make things better or worse (alcohol, caffeine, stress, exercise, travel): _____

Week 5 of 6

BASTYR UNIVERSITY CLINIC

Scale for most rows: 0 = not at all 1 = mild 2 = moderate 3 = severe

Week starting (date): _____

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Cramps or PMS-type symptoms	0–3								
SLEEP									
Hours slept (approx.)	number								
Trouble falling asleep	0–3								
Woke early, could not fall back asleep	0–3								
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Low mood	0–3								
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DIGESTION									
Bloating	0–3								
Bowel changes	0–3								
Reflux	0–3								
ENERGY & BODY									
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Joint or muscle aches	0–3								
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Fill in one value per symptom row. Shaded section names are headings only. Bleeding codes: 0 none · S spotting · L light · M medium · H heavy. Bowel changes = constipation, loose stools, or switching.

This week (circle or note):

Changes in libido none · some · a lot

Vaginal dryness or discomfort none · some · a lot

Urinary urgency or infection no · yes

Medication, hormone, or supplement changes? no · yes (list on page 2)

Anything that seemed to make things better or worse (alcohol, caffeine, stress, exercise, travel): _____

Week 6 of 6

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Scale for most rows: 0 = not at all 1 = mild 2 = moderate 3 = severe

Week starting (date): _____

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After Six Weeks: Your Summary

Bring this page, and the whole tracker, to your visit

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First two rows: count from the weekly page. **Other rows:** write the highest 0–3 rating you gave any symptom in that area that week. Leave out hours slept, hot-flash counts, and bleeding codes; they are already counted above.

Area	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6
Days with any bleeding						
Total hot flashes						
Cycle						
Sleep						
Temperature						
Mood & thinking						
Digestion						
Energy & body						

Looking back

Did any symptoms seem to rise or fall at the same point in your cycle?

_____

Did any symptoms tend to show up together (for example, night sweats and a foggy next day)?

_____

Did anything you changed or noticed seem to help, or make things worse?

_____

_____

What changed over the six weeks?

Better: _____

Worse: _____

New since I started: _____

Questions I want to ask

1. _____
2. _____
3. _____

A reminder

Many symptoms on this tracker can also come from thyroid conditions, anemia, sleep apnea, depression and anxiety, medication effects, and other causes. A tracker shows patterns; it does not tell you which cause applies to you. A good evaluation looks at all of them.

Want to talk it through? We host free evening workshops on perimenopause, and our patient services team offers a free 15-minute call.

This tracker is for general education and personal record-keeping. It is not medical advice or a diagnosis, and it does not establish a patient-provider relationship. Please consult a qualified healthcare provider about your own symptoms.