



## Menopause Symptoms Chart

Name :

Date :

On HRT – YES / NO

*Please indicate your answer by placing an X against the appropriate box. The aim is for you to get an overview of your symptoms and consider the impact they may be having. You do not need to add up any scores, it is the general impression you see, that guides you and may help with discussions with your Peppy practitioner.*

SYMPTOMS	0 Not at all	1 A little	2 Quite a bit	3 Extremely	Comment
Heart beating quickly or strongly					
Feeling tense or nervous					
Difficulty in sleeping					
Excitable					
Attacks of anxiety, panic					
Difficulty in concentrating					
Feeling tired or lacking in energy					
Loss of interest in most things					
Feeling unhappy or depressed					
Crying spells					
Irritability					
Feeling dizzy or faint					
Pressure or tightness in head					
Parts of body feel numb					
Headaches					
Muscle and joint pains					
Loss of feeling in hands or feet					
Breathing difficulties					
Hot flushes					
Sweating at night					
Loss of interest in sex					