HEALTH MATTERS UK

Midlife Hormone & Symptom Tracker

A four-week record to help you notice patterns, describe their impact and prepare for informed healthcare conversations.

NOTICE PATTERNS	Symptoms can change over time and may have more than one possible cause. Recording what happens - and how it affects daily life - can make conversations clearer.

Name (optional)

Tracking start date

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How to use this tracker

This tracker is for anyone experiencing symptoms that may be associated with perimenopause, menopause or postmenopause. It cannot tell you what is causing a symptom or whether you are in menopause.

1	Complete your starting point so relevant health and treatment context is not lost.
2	Each evening, rate how much each symptom affected you that day: 0 none, 1 mild, 2 moderate or 3 severe.
3	Record bleeding separately and note possible context without assuming it caused the symptom.
4	After four weeks, review patterns and prepare the questions you want to raise.

Important safety information

This is an educational self-tracking resource, not a medical assessment, diagnosis or treatment plan. Symptoms associated with menopause can overlap with other conditions and medicine effects. Seek advice from an appropriate healthcare professional if symptoms are persistent, worsening, severe, unexplained or affecting daily life.

Contact your GP about any vaginal bleeding after 12 months without a period, even if it happens only once or is only spotting. Also ask for advice about bleeding that is heavier than usual, persistent, or concerning to you, including bleeding while using HRT.

Call 999 for a life-threatening emergency. If you currently have palpitations that do not go away, or palpitations with chest pain, shortness of breath, feeling faint or fainting, call 999 or go to A&E.; If you need urgent medical help but are unsure what to do, use NHS 111.

Your starting point

Complete only what feels relevant. This page helps preserve context when symptoms, periods, contraception, HRT, health conditions and medicines overlap.

Age (optional) _____ **Date of last period, if known** _____

Current cycle or bleeding pattern

☐ Regular ☐ Irregular ☐ Lighter ☐ Heavier ☐ No periods ☐ Not applicable

Hormonal contraception or HRT

☐ None ☐ Hormonal contraception ☐ HRT ☐ Unsure

Type, dose, start/change date and anything else relevant

Health conditions, recent illness or major life changes

Medicines, supplements or other treatments

Do not stop or change prescribed treatment without advice from an appropriate healthcare professional.

The symptoms affecting me most right now

Where I notice the impact

☐ Sleep ☐ Work/study ☐ Home ☐ Relationships ☐ Movement ☐ Confidence

Week 1: daily symptom pattern

Week beginning: _____ Use the impact scale in each cell: 0 none 1 mild 2 moderate 3 severe.

SYMPTOM IMPACT	MON	TUE	WED	THU	FRI	SAT	SUN
Hot flushes / night sweats							
Sleep difficulty							
Mood / anxiety							
Memory / concentration							
Low energy / fatigue							
Headache / migraine							
Muscle / joint discomfort							
Palpitations / dizziness							
Vaginal / vulval / sexual							
Urinary symptoms							
Other: _____							

BLEEDING OR DISCHARGE

Record N (none), S (spotting), L (light), M (moderate), H (heavy), or describe anything unusual.

MON	TUE	WED	THU	FRI	SAT	SUN

CONTEXT OR POSSIBLE INFLUENCES

Note changes such as illness, unusual stress, travel, disrupted sleep, medication/HRT changes, alcohol, caffeine, activity or anything else you think may be relevant. This records context; it does not prove cause.

What stood out this week?

Week 2: daily symptom pattern

Week beginning: _____ Use the impact scale in each cell: 0 none 1 mild 2 moderate 3 severe.

SYMPTOM IMPACT	MON	TUE	WED	THU	FRI	SAT	SUN
Hot flushes / night sweats							
Sleep difficulty							
Mood / anxiety							
Memory / concentration							
Low energy / fatigue							
Headache / migraine							
Muscle / joint discomfort							
Palpitations / dizziness							
Vaginal / vulval / sexual							
Urinary symptoms							
Other: _____							

BLEEDING OR DISCHARGE

Record N (none), S (spotting), L (light), M (moderate), H (heavy), or describe anything unusual.

MON	TUE	WED	THU	FRI	SAT	SUN

CONTEXT OR POSSIBLE INFLUENCES

Note changes such as illness, unusual stress, travel, disrupted sleep, medication/HRT changes, alcohol, caffeine, activity or anything else you think may be relevant. This records context; it does not prove cause.

What stood out this week?

Week 3: daily symptom pattern

Week beginning: _____ Use the impact scale in each cell: 0 none 1 mild 2 moderate 3 severe.

SYMPTOM IMPACT	MON	TUE	WED	THU	FRI	SAT	SUN
Hot flushes / night sweats							
Sleep difficulty							
Mood / anxiety							
Memory / concentration							
Low energy / fatigue							
Headache / migraine							
Muscle / joint discomfort							
Palpitations / dizziness							
Vaginal / vulval / sexual							
Urinary symptoms							
Other: _____							

BLEEDING OR DISCHARGE

Record N (none), S (spotting), L (light), M (moderate), H (heavy), or describe anything unusual.

MON	TUE	WED	THU	FRI	SAT	SUN

CONTEXT OR POSSIBLE INFLUENCES

Note changes such as illness, unusual stress, travel, disrupted sleep, medication/HRT changes, alcohol, caffeine, activity or anything else you think may be relevant. This records context; it does not prove cause.

What stood out this week?

Week 4: daily symptom pattern

Week beginning: _____ Use the impact scale in each cell: 0 none 1 mild 2 moderate 3 severe.

SYMPTOM IMPACT	MON	TUE	WED	THU	FRI	SAT	SUN
Hot flushes / night sweats							
Sleep difficulty							
Mood / anxiety							
Memory / concentration							
Low energy / fatigue							
Headache / migraine							
Muscle / joint discomfort							
Palpitations / dizziness							
Vaginal / vulval / sexual							
Urinary symptoms							
Other: _____							

BLEEDING OR DISCHARGE

Record N (none), S (spotting), L (light), M (moderate), H (heavy), or describe anything unusual.

MON	TUE	WED	THU	FRI	SAT	SUN

CONTEXT OR POSSIBLE INFLUENCES

Note changes such as illness, unusual stress, travel, disrupted sleep, medication/HRT changes, alcohol, caffeine, activity or anything else you think may be relevant. This records context; it does not prove cause.

What stood out this week?

Review your four weeks

Look for patterns without assuming one factor caused another. Bring the completed tracker to an appropriate healthcare appointment if it helps you explain what has changed and how it affects daily life.

Symptoms that occurred most often

Symptoms with the greatest impact

Patterns or changes I noticed

What improved, worsened or stayed the same?

Questions I want to raise with a healthcare professional

Need help organising what you noticed?

Book a free 10-minute support call with Health Matters UK. We can help you identify a practical next step, but we do not diagnose or replace medical care.

calendly.com/healthmattersuk/free-10-minute-support-call

Evidence and further information

NHS: Menopause and perimenopause symptoms - www.nhs.uk/conditions/menopause-and-perimenopause/symptoms/
NICE guideline NG23: Menopause identification and management - www.nice.org.uk/guidance/ng23
NHS: Postmenopausal bleeding - www.nhs.uk/symptoms/post-menopausal-bleeding/
NHS: Heart palpitations - www.nhs.uk/symptoms/heart-palpitations/

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