

SYMPTOM Checklist

Please rate your symptoms on a scale of 1 - 10 (with 1 being barely noticable & 10 being extreme)

SYMPTOM	M	T	W	T	F	S	S	QUESTIONS
Are you on your period?								Did you take any medication or have any treatments this week to try and help ease any of your symptoms? How did it affect you? ----- ----- ----- ----- ----- ----- ----- ----- ----- -----
Hot flushes								
Night Sweats								
Struggling to concentrate/forget things easily								
Vaginal dryness or discomfort								
Headaches								
Feeling anxious, irritable and/or low								
Heart palpitations								
Sore joints and/or muscles								
Difficulty sleeping/ insomnia								
Tingly or itchy skin								

Want to unpack your results? Contact me on the details below or book via the website for your FREE call.