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| **Menopause Checker** |
| *It is important to note that the symptoms listed below are not exhaustive, so please add to them if there are any that you are experiencing that are not on this list.* |
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| **Symptoms** | **Not at all** | **A little** | **Quite a bit**  | **Comments** |
| Heart beating quickly or strongly |       |       |       |       |
| Feeling tense or nervous |       |       |       |       |
| Difficulty in sleeping |       |       |       |       |
| Memory loss/’brain fog’ |       |       |       |       |
| Difficulty in concentrating |       |       |       |       |
| Attacks of anxiety, panic |       |       |       |       |
| Feeling tired or lacking in energy |       |       |       |       |
| Loss of interest in most things |       |       |       |       |
| Feeling unhappy or depressed |       |       |       |       |
| Fluctuating moods |       |       |       |       |
| Irritability |       |       |       |       |
| Crying bouts |       |       |       |       |
| Loss of confidence |       |       |       |       |
| Feeling dizzy or faint |       |       |       |       |
| Pressure or tightness in head |       |       |       |       |
| Parts of body feel numb |       |       |       |       |
| Headaches or Migraines  |       |       |       |       |
| Muscle and joint pains |       |       |       |       |
| **Symptoms** | **Not at all** | **A little** | **Quite a bit**  | **Comments** |
| Backache |       |       |       |       |
| Loss of feeling in hands or feet or tingly sensation |       |       |       |       |
| Breathing difficulties |       |       |       |       |
| Hot flushes |       |       |       |       |
| Chills |       |       |       |       |
| Sweating at night |       |       |       |       |
| Frequent urination |       |       |       |       |
| Incontinence issues |       |       |       |       |
| Urinary tract infections |       |       |       |       |
| Digestive issues |       |       |       |       |
| Other… |       |       |       |       |
| Other… |       |       |       |       |
| Other… |       |       |       |       |

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| Line Manager’s signature:Signed… | Date:      |
| Employee’s signature:Signed... | Date:      |

