Background pattern

Description automatically generated with medium confidence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.* | | | | |
|  | | | | |
| **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… |  |  |  |  |

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

Background pattern

Description automatically generated