



# ***My Menopause Diary***

*It can help to keep a diary of your body. Keeping a diary helps you understand how things are affecting you and your life. You'll be able to see if there are any situations, drinks or foods that might affect your menopause.*

A useful checklist of various symptoms that can occur and a handy record with lifestyle pointers to refer to.

## Psychological symptoms

Do you suffer from any of the following symptoms  
Are the symptoms cyclical and do they accompany other symptoms  
Do you currently take any medication or alternative remedies that help  
Have you tried any form of alternative therapy and does it help, for example CBT  
Have you looked at your diet, alcohol intake and exercise levels

Anxiety  
Poor concentration  
Anger  
Low mood swings  
Poor memory  
Irritability  
Panic attacks  
Lack of confidence

## Genitourinary Symptoms

Do you suffer from any of the following symptoms  
Do you currently take any medication or alternative remedies that help  
Do you do your pelvic floor exercises  
Have you downloaded the Squeezy app

Vaginal irritation  
Vaginal dryness  
Vaginal soreness  
Vaginal discharge/infections  
Urinary frequency, leakage, urgency or recurrent UTI  
Reduced sex drive / libido  
Uncomfortable/painful sexual intercourse

### Lifestyle Diet and Exercise

Do you regularly exercise every week  
How many times  
Do you do a variety of exercise including aerobic and pilates/yoga  
If exercise doesn't float your boat, you really need to do some...have you tried HIIT...  
we are talking 10 minutes a day  
Do you eat a healthy, balanced diet...  
Do you eat regular meals  
Do you drink plenty of water  
What is your weekly alcohol intake...come on be honest!  
Do you smoke  
Have you tried any alternative therapies like reflexology or CBT (cognitive behavioural therapy)

Do you take any alternative remedies or supplements  
Note down any medication and alternatives you are on

## Physical symptoms

### Periods...that Menstrual Cycle

When was your last period  
Are your cycles regular  
Length of bleed  
Have your periods changed recently, for example...length of cycle/heaviness/flow  
Do you take any medication or alternative remedies which help  
Have you stopped wearing white jeans...

### Palpitations

Do you ever experience palpitations  
How severe are they  
How long do they last for  
How often do they occur  
Do they accompany other symptoms  
Is there anything you eat or drink which brings them on  
Are there any situations that bring them on...  
Brad Pitt & George Clooney - or whoever floats your boat - excluded  
Is there anything you do which can help to reduce their intensity and frequency

### Hot Flashes / Night Sweats

How often do you experience them  
How long do they last for  
How intense are they from a scale of 1 to 10 (glow – dripping wet)  
Do any foods or drinks you consume trigger them  
Do any situations you find yourself in trigger them...(back to Brad & George)  
Do you take any medication or alternative remedies which help  
Does anything you do help reduce the intensity and frequency of them, for example exercise or CBT

### Joint Pains

Do you experience aching joints  
Which joints are affected  
Is the pain cyclical or constant  
Which forms of exercise help  
Do you take medication or alternative remedies to help relieve the pain  
Have you experienced any reduced fine motor skill ability...dropped much lately

### Headaches

Are they cyclical  
Do they accompany other symptoms  
Do certain foods and drinks trigger them  
How intense are they from a scale of 1 - 10 ( muzzy - migraines )  
Does anything you do relieve them, for example exercise or dietary intake  
Do you take any medication or alternative remedies which help

### Insomnia

Are your sleep patterns interrupted by other symptoms  
Could you change your bedtime routine to help symptoms  
Have you looked at your diet and exercise levels  
Have you reduced any form of techy stimulation in your bedroom

### Bloating & Weight Gain

Have you had a good look at your diet and exercise levels...

# Hot Flush Diary

This diary can help you decide whether to have treatment for your hot flushes or whether there are things you can do to manage them through lifestyle choices.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Number of hot flushes in the day:</b>							
<b>Number of night sweats:</b>							
<b>How long did they last today? (Tick all that apply)</b>	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> more than 10 mins	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> more than 10 mins	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> more than 10 mins	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> more than 10 mins	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> more than 10 mins	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> more than 10 mins	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> more than 10 mins
<b>How did they affect you today? (Tick all that apply)</b>	<input type="checkbox"/> a bit hot <input type="checkbox"/> quite hot & sweaty <input type="checkbox"/> very hot & sweaty	<input type="checkbox"/> a bit hot <input type="checkbox"/> quite hot & sweaty <input type="checkbox"/> very hot & sweaty	<input type="checkbox"/> a bit hot <input type="checkbox"/> quite hot & sweaty <input type="checkbox"/> very hot & sweaty	<input type="checkbox"/> a bit hot <input type="checkbox"/> quite hot & sweaty <input type="checkbox"/> very hot & sweaty	<input type="checkbox"/> a bit hot <input type="checkbox"/> quite hot & sweaty <input type="checkbox"/> very hot & sweaty	<input type="checkbox"/> a bit hot <input type="checkbox"/> quite hot & sweaty <input type="checkbox"/> very hot & sweaty	<input type="checkbox"/> a bit hot <input type="checkbox"/> quite hot & sweaty <input type="checkbox"/> very hot & sweaty
<b>What do you think might have triggered your hot flushes today? (Tick all that apply)</b>	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drinks <input type="checkbox"/> stressful situation <input type="checkbox"/> change in temp. <input type="checkbox"/> smoking other _____	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drinks <input type="checkbox"/> stressful situation <input type="checkbox"/> change in temp. <input type="checkbox"/> smoking other _____	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drinks <input type="checkbox"/> stressful situation <input type="checkbox"/> change in temp. <input type="checkbox"/> smoking other _____	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drinks <input type="checkbox"/> stressful situation <input type="checkbox"/> change in temp. <input type="checkbox"/> smoking other _____	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drinks <input type="checkbox"/> stressful situation <input type="checkbox"/> change in temp. <input type="checkbox"/> smoking other _____	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drinks <input type="checkbox"/> stressful situation <input type="checkbox"/> change in temp. <input type="checkbox"/> smoking other _____	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drinks <input type="checkbox"/> stressful situation <input type="checkbox"/> change in temp. <input type="checkbox"/> smoking other _____

# Sleep Diary

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What time did you wake up?							
What time did you go to bed?							
Total time in bed?							
How long did it take you to fall asleep?							
How many times did you wake up with hot flushes?							
How long were you awake during the night?							
Total sleep time - how long did you sleep altogether?							

# Food Diary

Use this diary to record what you have to eat and drink every day. Focus on counting the nutrients rather than the calories. The aim: a healthy, nutritious, balanced diet.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Mid Morning							
Lunch							
Mid Afternoon							
Evening Meal							
Supper							

# Bladder Diary

*This is a basic bladder diary. If you have significant problems in this area please contact your GP for referral.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Record drinks taken over the day</b>	am:	am:	am:	am:	am:	am:	am:
	pm:	pm:	pm:	pm:	pm:	pm:	pm:
<b>Trips to the bathroom</b>	am:	am:	am:	am:	am:	am:	am:
	pm:	pm:	pm:	pm:	pm:	pm:	pm:
<b>Accidental leaks?</b>	am:	am:	am:	am:	am:	am:	am:
	pm:	pm:	pm:	pm:	pm:	pm:	pm:

# Essential Signposting:

[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

[www.fountainretreats.com](http://www.fountainretreats.com)

[www.healthandher.com](http://www.healthandher.com)

[www.letstalkmenopause.co.uk](http://www.letstalkmenopause.co.uk)

[www.menopauseintheworkplace.co.uk](http://www.menopauseintheworkplace.co.uk)

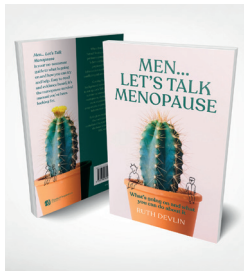
[www.menopausematters.co.uk](http://www.menopausematters.co.uk)

[www.nice.org.uk/guidance/NG23](http://www.nice.org.uk/guidance/NG23)

[www.squeezyapp.co.uk](http://www.squeezyapp.co.uk)

[www.thebms.org.uk](http://www.thebms.org.uk)

[www.womens-health-concern.org.uk](http://www.womens-health-concern.org.uk)



**Available online at [www.healthandher.com](http://www.healthandher.com)** (discount code RUTH10)

**Amazon, Waterstones or Blackwells:**

**Men . . . Let's Talk Menopause** by *Ruth Devlin*

*A no nonsense comprehensive guide to what's going on and how you can try to help. Easy to read and evidence based, it's the menopause survival manual you've been looking for.*



Ruth Devlin

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 [@menopause\\_talk](https://twitter.com/menopause_talk)