 

**MENOPAUSE SYMPTOM CHECKER**

As stated in NICE guidelines on menopause blood hormone tests are not indicated to diagnose menopause in a woman over 45 years of age experiencing menopause symptoms.

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| **Symptom** | **Yes** | **No** | **Details** |
| ANXIETY |  |  |  |
| LOW MOOD |  |  |  |
| DEPRESSION |  |  |  |
| MOOD SWINGS |  |  |  |
| CRYING SPELLS |  |  |  |
| BRAIN FOG |  |  |  |
| LOSS OF CONFIDENCE |  |  |  |
| IRRITABILITY |  |  |  |
| LOSS OF JOY |  |  |  |
| POOR MEMORY |  |  |  |
| POOR CONCENTRATION |  |  |  |
| DIFFICULTY SLEEPING |  |  |  |
| TIRED/LACKING ENERGY |  |  |  |
| HEADACHES |  |  |  |
| PALPITATIONS |  |  |  |
| HOT FLUSHES |  |  |  |
| NIGHT SWEATS |  |  |  |
| PAINFUL/ACHING JOINTS |  |  |  |
| CHANGES TO PERIODS |  |  |  |
| VAGINAL SYMPTOMS |  |  |  |
| URINARY SYMPTOMS |  |  |  |
| LOSS OF LIBIDO |  |  |  |
| DRY/ITCHY SKIN (FORMICATION) |  |  |  |
| DRY EYES/EARS |  |  |  |
| ORAL HEALTH CHANGES |  |  |  |
| THINNING HAIR |  |  |  |
| WEIGHT GAIN |  |  |  |
| FEELING DIZZY/FAINT |  |  |  |
| TINNITUS |  |  |  |
| RESTLESS LEGS |  |  |  |
| CHANGE TO BODY ODOUR |  |  |  |
| INCREASED ALLERGIES |  |  |  |
| DIGESTIVE ISSUES |  |  |  |

 