

Midlife Pain and Symptom Tracker

Your monthly log for pain, cycles, and everyday symptoms

4 WEEKS · 2 MINUTES A DAY · PRINT A FRESH COPY EACH MONTH

Why track every month?

It is hard to remember how you slept nine nights ago, when your last period started, or when the ache in your hip started. A simple daily log turns "I just do not feel like myself" into clear patterns. Tracking month after month shows how your cycle, sleep, mood, and pain connect, and which changes actually help. It gives you information you and your healthcare professional can look at together.

How to use this tracker

1. Write in the month and the date your last period started.
2. Fill in a few lines each night before bed. It takes about two minutes.
3. At the end of each week, note any lifestyle changes you tried, like food, exercise, or sleep, and how you felt compared with the week before.
4. Use the Pain Snapshot page any time something hurts.
5. At the end of the month, fill in the Monthly Summary, then print a fresh tracker for next month.
6. Bring your trackers, plus your medications and supplements, to your appointment.

The scales

1 to 5 (mood, energy, sleep quality, brain fog, anxiety)

1 = very poor

2 = poor

3 = okay

4 = good

5 = great

0 to 10 (pain)

0 = no pain

1 to 3 = mild

4 to 6 = moderate

7 to 9 = severe

10 = worst imaginable

About me

Name _____

Month and year _____

Date my last period started (if I still have periods) _____

My usual cycle length (days) _____

Tracker start date _____

Next appointment _____

Hey you, I am so glad you are here. ~ Jenn

This tracker is for personal record keeping and is not medical advice. Talk with your doctor or healthcare professional about any symptoms that concern you.

Week 1

Day	1	2	3	4	5	6	7
Date							
CYCLE							
Period today none, spotting, light, heavy							
HOT FLASHES AND SLEEP							
Hot flashes how many today							
Night sweats yes or no							
Hours of sleep							
Sleep quality 1 to 5							
MOOD AND MIND							
Mood 1 to 5							
Anxiety or irritability 1 to 5, 5 = calm							
Energy 1 to 5							
Brain fog 1 to 5, 5 = clear							
BODY							
Pain level 0 to 10							
Where it hurt							
Headache yes or no							
DAILY HABITS							
Water glasses							
Movement minutes							
Caffeine or alcohol what and when							
Took my meds and supplements yes or no							
Possible triggers stress, food, heat, other							

Lifestyle changes this week

Food and drink

Exercise and movement

Sleep routine

Stress and self-care

My starting point

Week 1 is your baseline. Track honestly, and do not change anything yet unless your doctor has asked you to.

Week 2

Day	8	9	10	11	12	13	14
Date							
CYCLE							
Period today none, spotting, light, heavy							
HOT FLASHES AND SLEEP							
Hot flashes how many today							
Night sweats yes or no							
Hours of sleep							
Sleep quality 1 to 5							
MOOD AND MIND							
Mood 1 to 5							
Anxiety or irritability 1 to 5, 5 = calm							
Energy 1 to 5							
Brain fog 1 to 5, 5 = clear							
BODY							
Pain level 0 to 10							
Where it hurt							
Headache yes or no							
DAILY HABITS							
Water glasses							
Movement minutes							
Caffeine or alcohol what and when							
Took my meds and supplements yes or no							
Possible triggers stress, food, heat, other							

Lifestyle changes this week

Food and drink

Exercise and movement

Sleep routine

Stress and self-care

Compared with Week 1

Overall I feel: ☐ Better ☐ About the same ☐ Worse

What changed?

What I want to keep doing

Week 3

Day	15	16	17	18	19	20	21
Date							
CYCLE							
Period today none, spotting, light, heavy							
HOT FLASHES AND SLEEP							
Hot flashes how many today							
Night sweats yes or no							
Hours of sleep							
Sleep quality 1 to 5							
MOOD AND MIND							
Mood 1 to 5							
Anxiety or irritability 1 to 5, 5 = calm							
Energy 1 to 5							
Brain fog 1 to 5, 5 = clear							
BODY							
Pain level 0 to 10							
Where it hurt							
Headache yes or no							
DAILY HABITS							
Water glasses							
Movement minutes							
Caffeine or alcohol what and when							
Took my meds and supplements yes or no							
Possible triggers stress, food, heat, other							

Lifestyle changes this week

Food and drink

Exercise and movement

Sleep routine

Stress and self-care

Compared with Week 2

Overall I feel: ☐ Better ☐ About the same ☐ Worse

What changed?

What I want to keep doing

Week 4

Day	22	23	24	25	26	27	28
Date							
CYCLE							
Period today none, spotting, light, heavy							
HOT FLASHES AND SLEEP							
Hot flashes how many today							
Night sweats yes or no							
Hours of sleep							
Sleep quality 1 to 5							
MOOD AND MIND							
Mood 1 to 5							
Anxiety or irritability 1 to 5, 5 = calm							
Energy 1 to 5							
Brain fog 1 to 5, 5 = clear							
BODY							
Pain level 0 to 10							
Where it hurt							
Headache yes or no							
DAILY HABITS							
Water glasses							
Movement minutes							
Caffeine or alcohol what and when							
Took my meds and supplements yes or no							
Possible triggers stress, food, heat, other							

Lifestyle changes this week

Food and drink

Exercise and movement

Sleep routine

Stress and self-care

Compared with Week 3

Overall I feel: ☐ Better ☐ About the same ☐ Worse

What changed?

What I want to keep doing

Pain Snapshot

Details help. "My knees ache most in the morning and loosen up by lunch" tells your doctor far more than "my knees hurt."

What it feels like

☐ Aching

☐ Throbbing

☐ Stiff

☐ Tingling or numb

☐ Burning

☐ Tender to touch

☐ Sharp or stabbing

☐ Swollen

Date	Where	0 to 10	What it felt like	How long	What helped or made it worse

Other symptoms I noticed

☐ Heart racing

☐ Vaginal dryness

☐ Forgetfulness

☐ Dizziness

☐ Urinary changes

☐ Feeling low

☐ Dry or itchy skin

☐ Weight changes

☐ Tearfulness

☐ Hair changes

☐ Low desire

☐ Other: _____

Monthly Summary

My cycle this month

Period start date	How many days	Flow (light, medium, heavy)	Notes (cramps, spotting between periods)

☐ No period this month ☐ It has been 12 months or more since my last period

Week by week

	Week 1	Week 2	Week 3	Week 4
Average hours of sleep				
Hot flashes (total)				
Highest pain (0 to 10)				
Usual mood (1 to 5)				
Lifestyle change tried				

My top 3 symptoms

1. _____
2. _____
3. _____

Patterns I noticed

What helped

What I will try next month

Appointment Prep

How my symptoms affect my life

Sleep	
Work	
Relationships	
Daily life	

Medications and supplements I take

Name	Dose	How often

Questions to ask

- ☐ Based on my trackers, what could be causing my symptoms?
- ☐ Are there tests that would help us understand what is going on?
- ☐ What treatment options, hormonal or nonhormonal, could fit my history?
- ☐ Are my cycle changes expected for my age, or should we look into them?
- ☐ Which lifestyle changes are worth continuing?

☐
☐

Do not wait for your appointment. Call your doctor promptly for any bleeding after menopause. Call 911 for chest pain, severe trouble breathing, sudden weakness on one side, or slurred speech. If you are struggling emotionally, call or text 988 to reach the 988 Suicide and Crisis Lifeline.