7 EARLY SIGNS · WEEKLY TRACKER

# Perimenopause Symptom Tracker

Track through one complete cycle. Print one page for each week, or come back anytime for more copies.

**Week of** _____

**Date of last period** _____

**Any changes to my period** _____

**Rate each day:** **0** none **1** mild **2** moderate **3** severe

| SYMPTOM | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|---|---|---|---|---|---|---|---|
| **1. Changes in menstrual cycles**<br>Periods may become shorter, longer, heavier, lighter, or less predictable. | | | | | | | |
| **2. Sleep disturbances**<br>Waking during the night, trouble falling asleep, or experiencing night sweats. | | | | | | | |
| **3. Mood changes**<br>Increased irritability, anxiety, mood swings, or feeling emotionally different. | | | | | | | |
| **4. Brain fog**<br>Forgetfulness, difficulty concentrating, or struggling to find words. | | | | | | | |
| **5. Hot flashes and night sweats**<br>Sudden warmth, sweating, or waking up overheated. | | | | | | | |
| **6. Changes in sexual health**<br>Vaginal dryness, discomfort during sex, or changes in sexual desire. | | | | | | | |
| **7. Headaches or migraines**<br>New headaches or worsening migraines associated with hormonal fluctuations. | | | | | | | |

**Notes this week** (patterns, triggers, questions for my provider)

## Next Step

Take this tracker to your **OB or Primary Care provider**. Bring every week's page so you can look at the patterns together.

Jennifer Board · Certified Menopause and Wellness Practitioner

For personal tracking, not a diagnosis.