

MENOPAUSE SYMPTOM CHECKER

The Menopause
Consortium



Symptom Check List

	Yes	No
<u>Hot flushes</u>	<input type="radio"/>	<input type="radio"/>
<u>Anxiety</u>	<input type="radio"/>	<input type="radio"/>
<u>Brain fog</u>	<input type="radio"/>	<input type="radio"/>
<u>Headaches</u>	<input type="radio"/>	<input type="radio"/>
<u>Migraines</u>	<input type="radio"/>	<input type="radio"/>
<u>Joint aches and pains</u>	<input type="radio"/>	<input type="radio"/>
<u>Mood swings</u>	<input type="radio"/>	<input type="radio"/>
<u>Insomnia</u>	<input type="radio"/>	<input type="radio"/>
<u>Concentration issues</u>	<input type="radio"/>	<input type="radio"/>
<u>Night sweats</u>	<input type="radio"/>	<input type="radio"/>
<u>Urinary tract infections</u>	<input type="radio"/>	<input type="radio"/>
<u>Dry vagina</u>	<input type="radio"/>	<input type="radio"/>
<u>Reduced libido</u>	<input type="radio"/>	<input type="radio"/>
<u>Fatigue</u>	<input type="radio"/>	<input type="radio"/>
<u>Digestive issues</u>	<input type="radio"/>	<input type="radio"/>
<u>Weight gain</u>	<input type="radio"/>	<input type="radio"/>
<u>Breast tenderness</u>	<input type="radio"/>	<input type="radio"/>



