My menopause symptoms

My periods are:

- [ ] Regular
- [ ] Irregular
- [ ] Heavy
- [ ] Different
- [ ] Painful
- [ ] Have stopped - my last period was ___ months ago
- [ ] Blood between periods
- [ ] Other ______________

My general symptoms are:

- [ ] Hot flushes
- [ ] Night sweats
- [ ] Mood swings
- [ ] Sleep issues
- [ ] Panic
- [ ] Tiredness
- [ ] Irritability
- [ ] Dental
- [ ] Memory problems
- [ ] Weight changes
- [ ] Skin changes
- [ ] Palpitations
- [ ] Breast changes
- [ ] Dry nails
- [ ] Hair loss
- [ ] Depression
- [ ] Allergy
- [ ] Anxiety
- [ ] Migraines
- [ ] Joint aches
- [ ] Muscle tension
- [ ] Other ______________

'Embarrassing' symptoms include:

Vagina (inside) or Vulva (outside):

- [ ] Dryness
- [ ] Itchiness
- [ ] Soreness
- [ ] Lump
- [ ] Burning
- [ ] Pain
- [ ] Discharge
- [ ] Change in smell
- [ ] Other ______________

Urine:

- [ ] Leaking urine
- [ ] Frequency
- [ ] Urgency
- [ ] Blood
- [ ] Pain
- [ ] Recurrent infection
- [ ] Other ______________

Bowel problems:

- [ ] Blood in poo
- [ ] Lump in anus
- [ ] Pain in anus
- [ ] Change in habits
- [ ] Constipation
- [ ] Diarrhoea
- [ ] Other ______________

Sex Problems:

- [ ] Painful sex
- [ ] Blood after sex
- [ ] Low libido
- [ ] Other ______________

My menopause symptoms

I'm concerned about:

- Cancer
- Quality of life
- Mood
- Family
- Partner
- Work
- Weight
- Self Esteem
- Bone Density
- Hearth / Stroke
- Fertility
- Infection
- Sex
- Memory
- Other ______

I would like to discuss

- My diet
- Exercise and supplements
- Talking therapies (eg CBT)
- Pelvic Floor Exercises
- Hormone Replacement Therapy (HRT)
- Other medication
- Other ______

I would also like to discuss

Item - A ______

Item - B ______