# Daily Perimenopause Diary

Name: ____________________________   Month: __________   Year: ______

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**Record 0 = none, 1 = minimal, 2 = moderate, 3 = moderately intense, 4 = very intense**

- Amount flow
- Cramps
- Breast Sore: Side
- Breast Sore: Front
- Fluid Retention
- Hot flushes - day
- # of flushes - day
- Hot flushes - night
- # of flushes - night
- Mucous Secretion
- Constipation
- Headache
- Sleep Problems
- Feeling Frustrated
- Feeling Depressed
- Feeling Anxious

**Record M = much less, L = a little less, U = usual, Y = a little increased, Z = much increased**

- Appetite
- Breast Size
- Interest In Sex
- Feeling Of Energy
- Feeling Of Self-Worth
- Outside Stresses
- Treatment or Supplement

| Basal Temperature |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Comments (Temperature Taken Late, Feeling Sick, Poor Sleep, Etc.) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |