# Daily Menopause Diary

Name: __________________________      Month: _____________________      Year: _______

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<thead>
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<th>Calendar Day</th>
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**Record 0 = none, 1 = minimal, 2 = moderate, 3 = moderately intense, 4 = very intense**

- Breast Sore: Side
- Breast Sore: Front
- Fluid Retention
- Flush intensity-day
- # Hot flushes - day
- Flush intensity-night
- # hot flushes - night
- Vaginal Dryness
- 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
- Comments

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