



Hormone symptom tracker

HORMONE SYMPTOM TRACKER

MONTH _____

Symptom	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Hot flushes																																
Night sweats																																
Irritable																																
Insomnia																																
Bloated stomach/bowels																																
Dry or itchy skin																																
Hair loss																																
Joint pain																																
Dizziness																																
Low energy																																
Heart palpitations																																
Weight gain																																
Body odour																																
Vaginal dryness																																
Tinnitus																																
Digestive problems																																
Burning tongue																																
Electric shocks/static																																
Breast tenderness																																
Headaches																																
Anxiety																																
Memory lapses																																
Brain fog																																
Mood swings																																
Depressed/low mood																																
Change in libido																																



WEEKLY TRACKER

WEEK BEGINNING _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Slept from							
Woke up							
Restless in the night							
Woke up feeling tired							
Exercise type							
Exercise duration							
Emotions experienced							
Bleed/no bleed							
Trigger foods							



BLEED CYCLE TRACKER

YEAR _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January																															
February																															
March																															
April																															
May																															
June																															
July																															
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