



# MY LIFE ON PAUSE

POI Symptom Tracking Booklet

## Daily Tracker

Symptom	Severity (0–5)	Notes
Hot Flushes		
Night Sweats		
Sleep Disturbances		
Brain Fog		
Forgetfulness		
Anxiety		
Low Mood		
UTI Symptoms		
Vaginal Dryness		
Achy Joints		

**Severity Scale (0–5):**

0 = No symptom · 1 = Very mild · 2 = Mild · 3 = Moderate · 4 = Severe · 5 = Very severe

## Weekly Tracker

Symptom	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot Flashes							
Night Sweats							
Sleep Disturbances							
Brain Fog							
Forgetfulness							
Anxiety							
Low Mood							
UTI Symptoms							
Vaginal Dryness							
Achy Joints							

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## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## Questions for Your Doctor

- What treatment options are most suitable for me right now?
- Should I adjust my HRT or medication based on my symptoms?
- Are there any tests I should have to investigate my symptoms further?
- How do my symptoms compare to what you typically see in POI?
- Are there lifestyle changes that may help improve my symptoms?
- Should we consider referrals (e.g., endocrinology, gynaecology, menopause specialist)?
- What should I monitor or track before our next appointment?

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