

Perimenopause Transition Tracker

Name: _____

Year: _____

Menstruation Record

Light Normal Heavy

	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
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															
July																															
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															

Symptom Record

Mild Moderate Severe

	Hot flashes	Sleep issues	Dry skin	↓ Sex drive	Fatigue	Painful sex	Hair loss	Mood issues	Incontinence	Other
Jan										
Feb										
Mar										
Apr										
May										
June										
July										
Aug										
Sept										
Oct										
Nov										
Dec										