

A useful checklist of various symptoms that can occur, with lifestyle pointers.

Especially useful when visiting a healthcare professional.

Psychological symptoms

Do you suffer from any of the following symptoms?

Anxiety

Poor concentration

Anger

Low mood swings

Poor memory

Irritability

Panic attacks

Lack of confidence

Are the symptoms cyclical and do they accompany other symptoms?

Do you currently take any medication or alternative remedies that help?

Have you tried any form of alternative therapy and does it help, for example CBT?

Have you looked at your diet, alcohol intake, and exercise levels?

Genitourinary symptoms

Do you suffer from any of the following symptoms?

Vaginal irritation

Vaginal dryness

Vaginal soreness

Vaginal discharge/infections

Urinary frequency, leakage, urgency, or recurrent UTI

Reduced sex drive / libido

Uncomfortable/painful sexual intercourse

Do you currently take any medication or alternative remedies that help?

Do you do pelvic floor exercises?

Have you downloaded and tried the Squeezy app?

Physical symptoms

Periods

When was your last period?

Are your cycles regular?

Length of bleed?

Have your periods changed recently, for example...length of cycle/heaviness/flow?

Do you take any medication or alternative remedies which help?

Palpitations

Do you ever experience palpitations?

How severe are they?

How long do they last for?

How often do they occur?

Do they accompany other symptoms?

Is there anything you eat or drink which brings them on?

Are there any situations that bring them on?

Is there anything you do which helps to reduce their intensity and frequency?

Hot flushes / night sweats

How often do you experience them?

How long do they last for?

How intense are they from a scale of 1 to 10 (glow – dripping wet)?

Do any foods or drinks you consume trigger them?

Do any situations you find yourself in trigger them?

Do you take any medication or alternative remedies which help?

Does anything you do help reduce the intensity and frequency of them, for example exercise, or CBT?

Joint pains

Do you experience aching joints?

Which joints are affected?

Is the pain cyclical or constant?

Which forms of exercise help?

Do you take medication or alternative remedies to help relieve the pain?

Have you experienced any reduced fine motor skill ability?

Headaches

Are they cyclical?

Do they accompany other symptoms?

Do certain foods and drinks trigger them?

How intense are they from a scale of 1 - 10 (fuzzy - migraines)?

Does anything you do relieve them, for example exercise, or dietary intake?

Do you take any medication or alternative remedies which help?

Insomnia

Are your sleep patterns interrupted by other symptoms?

Could you change your bedtime routine to help symptoms?

Have you looked at your lifestyle choices...exercise, diet, caffeine, and alcohol levels?

Have you taken all tech devices out of your bedroom, ie LED screens?

Is your bedroom for sleep and sex only?

Bloating and weight gain

Can you sense that your diet is affecting your digestion more?

Have you noticed a pattern each time you bloat?

Are you moving or exercising your body to encourage internal activity?

Lifestyle, diet, and exercise

Do you do a variety of exercises, including weight-bearing, aerobic, resistance, and Pilates/yoga?

How often?

Do you eat a healthy, balanced diet?

Do you eat regular meals?

Do you drink plenty of water?

What is your weekly alcohol intake?

Do you smoke?

Have you tried any alternative therapies like reflexology or CBT?

Do you take any alternative remedies or supplements?

Note down any medications and alternative remedies you're on.