

WEEKLY HOT FLUSH DIARY

This is a very useful diary, but must be accurate!

	SUN	MON	TUE	WED	THU	FRI	SAT
HOW MANY TODAY?							
How long did they last?	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> 10+ minutes	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> 10+ minutes	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> 10+ minutes	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> 10+ minutes	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> 10+ minutes	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> 10+ minutes	<input type="checkbox"/> a few seconds <input type="checkbox"/> a few minutes <input type="checkbox"/> 10+ minutes
How intense were they?	<input type="checkbox"/> a bit hot <input type="checkbox"/> little hot & sweaty <input type="checkbox"/> very hot & sweaty	<input type="checkbox"/> a bit hot <input type="checkbox"/> little hot & sweaty <input type="checkbox"/> very hot & sweaty	<input type="checkbox"/> a bit hot <input type="checkbox"/> little hot & sweaty <input type="checkbox"/> very hot & sweaty	<input type="checkbox"/> a bit hot <input type="checkbox"/> little hot & sweaty <input type="checkbox"/> very hot & sweaty	<input type="checkbox"/> a bit hot <input type="checkbox"/> little hot & sweaty <input type="checkbox"/> very hot & sweaty	<input type="checkbox"/> a bit hot <input type="checkbox"/> little hot & sweaty <input type="checkbox"/> very hot & sweaty	<input type="checkbox"/> a bit hot <input type="checkbox"/> little hot & sweaty <input type="checkbox"/> very hot & sweaty
HOW MANY AT NIGHT?							
Triggers?	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drink <input type="checkbox"/> stress <input type="checkbox"/> smoking <input type="checkbox"/> temperature <input type="checkbox"/> other (note below)	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drink <input type="checkbox"/> stress <input type="checkbox"/> smoking <input type="checkbox"/> temperature <input type="checkbox"/> other (note below)	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drink <input type="checkbox"/> stress <input type="checkbox"/> smoking <input type="checkbox"/> temperature <input type="checkbox"/> other (note below)	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drink <input type="checkbox"/> stress <input type="checkbox"/> smoking <input type="checkbox"/> temperature <input type="checkbox"/> other (note below)	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drink <input type="checkbox"/> stress <input type="checkbox"/> smoking <input type="checkbox"/> temperature <input type="checkbox"/> other (note below)	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drink <input type="checkbox"/> stress <input type="checkbox"/> smoking <input type="checkbox"/> temperature <input type="checkbox"/> other (note below)	<input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> spicy food <input type="checkbox"/> hot drink <input type="checkbox"/> stress <input type="checkbox"/> smoking <input type="checkbox"/> temperature <input type="checkbox"/> other (note below)
Accompanying symptoms?							