This tool is not intended to result in a diagnosis or a treatment recommendation. It's meant to help you have a more meaningful discussion with your doctor.

	SYMPTOM CHECKLIST Have you experienced the following symptoms?	Yes	No
1.	Hot flushes		
2.	Night sweats		
3.	Difficulty sleeping		
4.	Feeling anxious or nervous		
5.	Feeling depressed, down or blue		
6.	Experiencing poor memory		
7.	Aching in muscles and joints		
8.	Feeling a lack of energy		
9.	Changes in appearance texture or tone of your skin		
10.	Crawling feelings over the skin		
11.	Weight gain		
12.	Frequent urination		
13.	Changes in your sexual desire		
14.	Vaginal dryness during intercourse		
15.	Avoiding intimacy		

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 $\underline{\text{https://www.pfizer.com.au/your-health/conditions/womens-health/menopause-symptoms-checklist}}$