

# Part A: QuikTrak Symptom Tracker

Check off the symptoms that you have experienced for the time period you identify. Then select the **FREQUENCY** and **INTENSITY** for each of those symptoms by checking off the appropriate level.

Take this information sheet with you for your menopause discussion with your healthcare provider.

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

SYMPTOMS	FREQUENCY				INTENSITY		
	RARELY	SOMETIMES	TOO OFTEN	NEVER	MILD	MODERATE	SEVERE
Hot Flashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight Gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Bladder Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of Sex Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinning or Wrinkling Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal Dryness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painful Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory Lapses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foggy Brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*the menopause shift*  
Track Your Symptoms  
on the Vergo App!



Get the App

Build Agency.  
Be Your Advocate.  
**Vergo.**

# Part B: QuikTrak Symptom Tracker

## Heads Up

We just want to give you a girlfriend's "**Heads Up**" that the following could be menopause symptoms, and if your quality of life is being impacted, then consider discussing your treatment options with your healthcare provider.

## Sexual Health

Here is a shocking statistic: **seventy-five percent (75%)** of menopausal women report problems in the bedroom. Listen up: the menopause transition is **NOT** an end to your sex life. You can fix this...wouldn't you rather be part of the 25%? Let's reverse that statistic!

If you answer **No** to any of the following questions, then you might want to have a conversation with a healthcare provider, and probably your partner.

## Mental Health

Anxiety and depression can be symptoms related to the menopause transition. Be very mindful of the following questions. If you answer **No** to any of them, then perhaps a conversation with your doctor is in order.

### "HEADS UP"

Is your weight fluctuating?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do you experience rapid heartbeats?

<input type="checkbox"/>	<input type="checkbox"/>
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Do you have discomfort during intercourse?

<input type="checkbox"/>	<input type="checkbox"/>
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Do you experience breast tenderness?

<input type="checkbox"/>	<input type="checkbox"/>
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Have you noticed excessive hair loss?

<input type="checkbox"/>	<input type="checkbox"/>
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Do you have unexplained cravings?

<input type="checkbox"/>	<input type="checkbox"/>
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Do you experience frequent urination?

<input type="checkbox"/>	<input type="checkbox"/>
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Is your skin dryer than normal?

<input type="checkbox"/>	<input type="checkbox"/>
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### SEXUAL HEALTH

Do you want to have sex?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do you feel sexually attractive?

<input type="checkbox"/>	<input type="checkbox"/>
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Is sex satisfying for you?

<input type="checkbox"/>	<input type="checkbox"/>
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Is your partner satisfied? (Ask him/her)

<input type="checkbox"/>	<input type="checkbox"/>
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Do you look forward to sex?

<input type="checkbox"/>	<input type="checkbox"/>
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### MENTAL HEALTH

Do you feel good about the future?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do you feel good about yourself?

<input type="checkbox"/>	<input type="checkbox"/>
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Do you feel good about tomorrow?

<input type="checkbox"/>	<input type="checkbox"/>
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Do you have a positive frame of mind (generally)?

<input type="checkbox"/>	<input type="checkbox"/>
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Do you feel empowered to change your situation?

<input type="checkbox"/>	<input type="checkbox"/>
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