MAPLE MENOPAUSE

My Baseline Symptom Map

Complete this once before Day 1. Check only what is present now. The examples are prompts - not a claim that menopause is the cause.

Impact scale

1	2	3	4	5
No impact: does not affect daily life	Mild: noticeable, little interference	Moderate: disrupts part of the day or sleep	Severe: substantially disrupts daily life	Very severe: unable to function as usual

Cluster	Examples	Present?	Impact 1-5	What matters about it?
Temperature / vasomotor	Hot flashes, night sweats, chills, sweating; note palpitations if they occur with an episode	☐		
Sleep	Trouble falling asleep, repeated waking, early waking, unrefreshing sleep, snoring or suspected apnea	☐		
Mood / nervous system	Anxiety, panic, irritability, anger, low mood, loss of confidence, feeling unlike yourself	☐		
Thinking / energy	Brain fog, word-finding or memory difficulty, concentration problems, fatigue, low stamina	☐		
Body / pain	Joint or muscle aches, stiffness, frozen shoulder, headache or migraine, reduced strength	☐		
GSM / sexual / urinary	Vaginal or vulvar dryness, burning or itching, pain with sex, libido changes, urgency, frequency, leakage, recurrent UTI	☐		
Bleeding / cycle	Cycle timing, spotting, flow, clots, pain; record any bleeding after menopause	☐		
Other changes	Dry or itchy skin/eyes, hair changes, bloating, dizziness, tingling, burning mouth, tinnitus, or anything new	☐		

My two priorities _____

What I want this diary to clarify _____

My Treatment and Context Baseline

Record what is already in place before the 14 days begin. Changes in dose, route, timing, adherence, sleep, stress, alcohol, illness, exercise, and travel can otherwise blur the pattern.

Medication / hormone / supplement	Dose + route	Usual time	Start / change date	Reason	Notes / side effects

Context I may want to track

☐ Alcohol	☐ Caffeine	☐ Exercise	☐ Workload / stress	☐ Illness
☐ Travel / time zone	☐ Sleep schedule	☐ Sexual activity	☐ Missed medication	☐ Other: _____

Bleeding / cycle baseline

Most recent period or bleed _____

Usual pattern before this diary _____

Contraception / IUD / hysterectomy, if relevant _____

14-Day Overview

Rate each active cluster from 1-5 using the definitions on page 1. Leave irrelevant columns blank. Use the notes column only for what changed, what you took, a missed dose, bleeding, or a likely trigger.

Day / date	Sleep	Heat / sweats	Mood	Brain / energy	Body / pain	GSM / urinary	Bleeding	Overall impact 1-5	Treatment, timing, trigger, or other symptom
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

Optional shorthand: HF hot flash | NS night sweat | SL sleep | ANX anxiety | BF brain fog | JP joint pain | GU vaginal/urinary | B bleeding | RX medication or treatment change

Daily Notes - Days 1-7

Use this page only when the overview grid is not enough. One useful sentence is better than an abandoned journal.

Day / date	What was different today?	Medication / dose / timing / missed dose	Context or possible trigger	Effect on sleep, work, exercise, relationships, sex, or ordinary life
1				
2				
3				
4				
5				
6				
7				

Anything new or concerning should be assessed on its own merits; do not wait for the 14 days to end.

Daily Notes - Days 8-14

Use this page only when the overview grid is not enough. One useful sentence is better than an abandoned journal.

Day / date	What was different today?	Medication / dose / timing / missed dose	Context or possible trigger	Effect on sleep, work, exercise, relationships, sex, or ordinary life
8				
9				
10				
11				
12				
13				
14				

Anything new or concerning should be assessed on its own merits; do not wait for the 14 days to end.

What the 14 Days Showed Me

The goal is not a perfect record. It is a short, concrete summary of what changed, what mattered, and what deserves a healthcare conversation.

My two most disruptive problems

The clearest timing or trigger pattern

What improved

What worsened

Treatment or dose changes during the diary

Symptoms that need separate assessment

Questions I want answered

1

2

3

Follow-up plan / when to reassess

Bring the summary, not necessarily every page. A clinician may find your baseline, overview grid, medication list, bleeding record, and three questions more useful than a long narrative.

Source and design note

Symptom groupings were checked against the Canadian Menopause Society's Menopause Symptoms resource (2026). The layout is designed to reduce tracking burden while recording treatment timing, context, functional impact, and symptoms that extend beyond hot flashes.