

Track Your Menopause Journey

For survivors navigating menopause after ovarian cancer treatment



Understanding how menopause symptoms show up in your body can help you advocate for your health, identify helpful treatments, and feel more in control. Use this tracker to record your daily symptoms, emotional health, and wellness habits. Bring it with you to your next doctor visit.









TRACK YOUR MENOPAUSE JOURNEY DAY 1 | DATE:

					How did you feel today?
Rate Your Sympton	oms				
Symptom	O None	1	2	3 Severe	Great Good Okay Low Struggling
Hot Flashes/Night Sweats					Today I felt
Sleep difficulties					
Mood swings/Anxiety					
Brain fog/Memory issues					Daily Wellness Habits
Vaginal dryness/Discomfort					Nutrition (Meals, hydration, sugar intake, etc.)
Joint or muscle pain					Movement (Walk, stretch, yoga, rest, etc.)
Fatigue					
Libido Changes					Self-Care (Rest, journaling, meditation, etc.)
Bloating/Weight changes					Connection (Support group, family, doctor, etc.)
Notes for Your	Doc	tor			I <u>V</u> I



TRACK YOUR MENOPAUSE JOURNEY DAY 2 | DATE:

How did you feel today?

Rate Your Sympt	oms			
Symptom	O 1	2	3 Severe	Great Good Okay Low Struggling
Hot Flashes/Night Sweats				Today I felt
Sleep difficulties				
Mood swings/Anxiety	0 0			
Brain fog/Memory issues	0 0			Daily Wellness Habits
Vaginal dryness/Discomfort	0 0			Nutrition (Meals, hydration, sugar intake, etc.)
Joint or muscle pain	0 0			Movement (Walk, stretch, yoga, rest, etc.)
Fatigue	0 0			
Libido Changes	0 0			Self-Care (Rest, journaling, meditation, etc.)
Bloating/Weight changes	0 0			Connection (Support group, family, doctor, etc.)
Notes for Your	Doctor			



TRACK YOUR MENOPAUSE JOURNEY DAY 3 | DATE:

How did you feel today?

Rate Your Sympt	oms				
Symptom	O None	1	2	3 Severe	Great Good Okay Low Struggling
Hot Flashes/Night Sweats					Today I felt
Sleep difficulties					
Mood swings/Anxiety					
Brain fog/Memory issues					Daily Wellness Habits
Vaginal dryness/Discomfort					Nutrition (Meals, hydration, sugar intake, etc.)
Joint or muscle pain					Movement (Walk, stretch, yoga, rest, etc.)
Fatigue					
Libido Changes					Self-Care (Rest, journaling, meditation, etc.)
Bloating/Weight changes					Connection (Support group, family, doctor, etc
Notes for Your	Doc	tor			



TRACK YOUR MENOPAUSE JOURNEY DAY 4 | DATE:

					How did you feel today?
Rate Your Sympton	oms				
Symptom	O None	1	2	3 Severe	Great Good Okay Low Struggling
Hot Flashes/Night Sweats					Today I felt
Sleep difficulties					
Mood swings/Anxiety					
Brain fog/Memory issues					Daily Wellness Habits
Vaginal dryness/Discomfort					Nutrition (Meals, hydration, sugar intake, etc.)
Joint or muscle pain					Movement (Walk, stretch, yoga, rest, etc.)
Fatigue					
Libido Changes					Self-Care (Rest, journaling, meditation, etc.)
Bloating/Weight changes					Connection (Support group, family, doctor, etc.)
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Notes for Your	Doct	or			



TRACK YOUR MENOPAUSE JOURNEY DAY 5 | DATE:

					How did you feel today?
Rate Your Sympton	oms				
Symptom	O None	1	2	3 Severe	Great Good Okay Low Struggling
Hot Flashes/Night Sweats					Today I felt
Sleep difficulties					
Mood swings/Anxiety	0				
Brain fog/Memory issues					Daily Wellness Habits
Vaginal dryness/Discomfort					Nutrition (Meals, hydration, sugar intake, etc.)
Joint or muscle pain					Movement (Walk, stretch, yoga, rest, etc.)
Fatigue					
Libido Changes					Self-Care (Rest, journaling, meditation, etc.)
Bloating/Weight changes					Connection (Support group, family, doctor, etc.)
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Notes for Your	Doc	tor			



TRACK YOUR MENOPAUSE JOURNEY DAY 6 | DATE:

					How did you feel today?
Rate Your Sympt	oms				
Symptom	O None	1	2	3 Severe	Great Good Okay Low Struggling
Hot Flashes/Night Sweats					Today I felt
Sleep difficulties					
Mood swings/Anxiety					
Brain fog/Memory issues					Daily Wellness Habits
Vaginal dryness/Discomfort					Nutrition (Meals, hydration, sugar intake, etc.)
Joint or muscle pain					Movement (Walk, stretch, yoga, rest, etc.)
Fatigue					
Libido Changes					Self-Care (Rest, journaling, meditation, etc.)
Bloating/Weight changes					Connection (Support group, family, doctor, etc.)
Notes for Your	Doc	tor			



TRACK YOUR MENOPAUSE JOURNEY DAY 7 | DATE:

					How did you feel today?
Rate Your Sympton	oms				
Symptom	O None	1	2	3 Severe	Great Good Okay Low Struggling
Hot Flashes/Night Sweats					Today I felt
Sleep difficulties					
Mood swings/Anxiety					
Brain fog/Memory issues					Daily Wellness Habits
Vaginal dryness/Discomfort					Nutrition (Meals, hydration, sugar intake, etc.)
Joint or muscle pain					Movement (Walk, stretch, yoga, rest, etc.)
Fatigue					
Libido Changes					Self-Care (Rest, journaling, meditation, etc.)
Bloating/Weight changes					Connection (Support group, family, doctor, etc.)
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Notes for Your	Doc	tor			IMI



TRACK YOUR MENOPAUSE JOURNEY WEEKLY REFLECTION

Reflect on Your Week

• I noticed
• I felt best on days when I
The top 3 symptoms I experienced most this week
Next week, I want to try
I plan to ask my doctor about

ABOUT THE NATIONAL OVARIAN CANCER COALITION

The National Ovarian Cancer Coalition (NOCC) is dedicated to raising awareness, promoting education, and providing support for individuals impacted by ovarian cancer.

Since 1991, NOCC has offered programs and resources including peer support, online education, care packages, and financial assistance to help survivors and caregivers navigate their journey.





