HELLO NILA · 14-DAY SYMPTOM TRACKER

Two weeks, in your own words

Each evening, rate how much each thing affected your day: 0 none, 1 a little, 2 a fair bit, 3 a lot. This is a record to share, not a score or a diagnosis.

Start date: _____

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Sleep														
Hot flashes or night sweats														
Mood (low, anxious, irritable)														
Energy														
Brain fog or memory														
Bleeding (none, spotting, light, heavy)														
Joint or muscle pain														
Headaches														
Heart racing or palpitations														
Vaginal or bladder changes														
Something else: _____														

What I want to say at my appointment