Southwark Council

Women’s Network

Menopausal Symptoms Checklist with Adjustments

**Name: Role:**

| **Symptom** | **Location of symptoms**  **(tick both if relevant)** | | **Severity of Symptoms** | | | **How frequently do you experience the symptoms** | | | | | **Adjustments**  **(Examples)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Home** | **Work** | **Mild** | **Moderate** | **Severe** | **Constantly** | **Daily** | **Weekly** | **Monthly** | **More than**  **Monthly** |  |
| Hot Flushes &  Day sweats |  |  |  |  |  |  |  |  |  |  | Provide USB fans, amend uniforms, sit close to an openable window, access to showers |
| Night Sweats |  |  |  |  |  |  |  |  |  |  | Flexible start times and shift patterns |
| Sleep Disorders |  |  |  |  |  |  |  |  |  |  | Flexible working patterns |
| Irregular or problem periods |  |  |  |  |  |  |  |  |  |  | Flexibility and access to toilets |
| Fatigue  Tiredness |  |  |  |  |  |  |  |  |  |  | Flexible hours and shift patterns |
| Depression, feeling low or blue incl. tearfulness |  |  |  |  |  |  |  |  |  |  | Flexible hours and refer to GP  Sensitivity to feelings |
| Loss of Energy |  |  |  |  |  |  |  |  |  |  | As above also refer to GP |
| Irritability, anger, anxiety |  |  |  |  |  |  |  |  |  |  | Refer to GP Sensitivity to feelings |
| General & Joint aches/pains |  |  |  |  |  |  |  |  |  |  | Workplace assessment & flexible working hours. |
| Loss or difficulty concentrating  (brain fog) |  |  |  |  |  |  |  |  |  |  | Flexible breaks |
| Loss or lapses in memory |  |  |  |  |  |  |  |  |  |  | Aide memoirs, flexible breaks. |
| Panic disorder or attacks |  |  |  |  |  |  |  |  |  |  | Sensitivity to feelings  Refer to GP |
| Headaches  Migraine |  |  |  |  |  |  |  |  |  |  | Flexible hours, access to a quiet private room. |
| Hair loss or brittle nails |  |  |  |  |  |  |  |  |  |  | Refer to GP  Sensitivity to feelings |
| Incontinence |  |  |  |  |  |  |  |  |  |  | Flexibility and access to toilets without undue attention |
| Digestive problems, incl. bloating |  |  |  |  |  |  |  |  |  |  | Flexibility to access food and eat at different times. |
| Weight gain |  |  |  |  |  |  |  |  |  |  | Access to healthy food options  Access to exercise. |
| General skin Itchiness  Dry skin |  |  |  |  |  |  |  |  |  |  | Access to toilets to apply cream/lotions.  If severe refer to GP |
| Gum Problems |  |  |  |  |  |  |  |  |  |  | Regular dental appointments |
| Formication (sensation of something crawling over the body) |  |  |  |  |  |  |  |  |  |  | Refer to GP  Sensitivity to feelings |
| Breast pain |  |  |  |  |  |  |  |  |  |  | Refer to GP, take analgesics. |
| Irregular heartbeat or palpitations |  |  |  |  |  |  |  |  |  |  | Refer to GP  Sensitivity to feelings |
| Changes in body odour |  |  |  |  |  |  |  |  |  |  | Refer to GP  Access to showers/lockers  Extra uniforms |
| Osteoporosis (brittle bones) |  |  |  |  |  |  |  |  |  |  | Refer to GP or Occ. Health  assessments |
| **Comments** | | | | | | | | | | | |
| **Action** | | | | | | | | | | | |