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  |
| FatigueTiredness |  |  |  |  |  |  |  |  |  |  | Flexible hours and shift patterns |
| Depression, feeling low or blue incl. tearfulness |  |  |  |  |  |  |  |  |  |  | Flexible hours and refer to GPSensitivity 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 feelingsRefer to GP |
| HeadachesMigraine |  |  |  |  |  |  |  |  |  |  | Flexible hours, access to a quiet private room. |
| Hair loss or brittle nails |  |  |  |  |  |  |  |  |  |  | Refer to GPSensitivity 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 optionsAccess to exercise.  |
| General skin ItchinessDry 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 GPSensitivity to feelings |
| Breast pain |  |  |  |  |  |  |  |  |  |  | Refer to GP, take analgesics. |
| Irregular heartbeat or palpitations |  |  |  |  |  |  |  |  |  |  | Refer to GPSensitivity to feelings |
| Changes in body odour |  |  |  |  |  |  |  |  |  |  | Refer to GPAccess to showers/lockers Extra uniforms |
| Osteoporosis (brittle bones) |  |  |  |  |  |  |  |  |  |  | Refer to GP or Occ. Healthassessments |
| **Comments** |
| **Action** |