

Fill this in once a week, on the same day if you can. Bring it to your next appointment so you and your team can see how things are going. Partners can help fill it in.

Weekly check

Week starting	_/_	_/_	_/_	_/_	_/_	_/_
Hot flushes rough number a day						
Sleep good / OK / poor						
Energy good / OK / poor						
Mood good / OK / low						
Exercise minutes total for the week						
Weight same scales, same time of day						

Questions to ask at your next appointment

1. Have I had a bone density scan? When is my next one due?
2. When are my next checks for blood pressure, cholesterol, blood sugar and weight?
3. Is it safe for me to start exercising? Is there anything I should avoid?
4. Can you refer me to an exercise program or an exercise physiologist near me?
5. My hot flushes are affecting my sleep and daily life. What are my options?
6. I'm tired most of the time. Could anything else be causing it, such as anaemia or my thyroid?
7. My own question:

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Contact your team promptly if you notice

New bone or back pain, especially with leg weakness or numbness. Chest pain or breathlessness. Low mood that doesn't lift.