HOT FLASHES AND NIGHT SWEATS TRACKER

To track your symptoms, and how much they bother you, fill out this form twice a day. In the morning record the number, bother, and severity of hot flashes you had during the previous night. At night, record the number, bother, and severity of hot flashes you had during the day.

**Day Number:**

<table>
<thead>
<tr>
<th>Day Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

**Nighttime** – Each morning when you wake up, record the number, bother, and severity of hot flashes you had the previous night.

<table>
<thead>
<tr>
<th>Total number of hot flashes last night:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“0” if none</td>
<td>“0” if none</td>
<td>“0” if none</td>
<td>“0” if none</td>
<td>“0” if none</td>
<td>“0” if none</td>
<td>“0” if none</td>
<td>“0” if none</td>
</tr>
</tbody>
</table>

**How bothered were you by your hot flashes last night?**

- □ No hot flashes
- □ Not at all
- □ A little
- □ Moderately
- □ A lot

**How severe were your hot flashes last night?**

- □ No hot flashes
- □ Mild
- □ Moderate
- □ Severe

**Daytime** – Each night at bedtime, record the number, bother, and severity of hot flashes you had during that day.

<table>
<thead>
<tr>
<th>Total number of hot flashes today:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“0” if none</td>
<td>“0” if none</td>
<td>“0” if none</td>
<td>“0” if none</td>
<td>“0” if none</td>
<td>“0” if none</td>
<td>“0” if none</td>
<td>“0” if none</td>
</tr>
</tbody>
</table>

**How bothered were you by your hot flashes today?**

- □ No hot flashes
- □ Not at all
- □ A little
- □ Moderately
- □ A lot

**How severe were your hot flashes today?**

- □ No hot flashes
- □ Mild
- □ Moderate
- □ Severe