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:	**1**	**2**	**3**	**4**	**5**	**6**	**7**

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

Total **number** of hot flashes last night:	⌊__|__⌋ "0" if none	⌊__|__⌋ "0" if none	⌊__|__⌋ "0" if none	⌊__|__⌋ "0" if none	⌊__|__⌋ "0" if none	⌊__|__⌋ "0" if none	⌊__|__⌋ "0" if none
How bothered were you by your hot flashes last night?	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot	□ 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	□ No hot flashes □ Mild □ Moderate □ Severe	□ No hot flashes □ Mild □ Moderate □ Severe	□ No hot flashes □ Mild □ Moderate □ Severe	□ No hot flashes □ Mild □ Moderate □ Severe	□ No hot flashes □ Mild □ Moderate □ Severe	□ 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.

Total **number** of hot flashes today:	⌊__|__⌋ "0" if none	⌊__|__⌋ "0" if none	⌊__|__⌋ "0" if none	⌊__|__⌋ "0" if none	⌊__|__⌋ "0" if none	⌊__|__⌋ "0" if none	⌊__|__⌋ "0" if none
How bothered were you by your hot flashes today?	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot	□ No hot flashes □ Not at all □ A little □ Moderately □ A lot
How severe were your hot flashes today?	□ No hot flashes □ Mild □ Moderate □ Severe	□ No hot flashes □ Mild □ Moderate □ Severe	□ No hot flashes □ Mild □ Moderate □ Severe	□ No hot flashes □ Mild □ Moderate □ Severe	□ No hot flashes □ Mild □ Moderate □₂ Severe	□ No hot flashes □ Mild □ Moderate □ Severe	□ No hot flashes □ Mild □ Moderate □ Severe