You know what's funny? when pain, tiredness, sleep problems or mood changes come and go, it can be hard to explain the pattern in a short gp appointment. A symptom diary can help you spot what changes, when it happens and how it affects daily life. It is not a way to diagnose yourself, and you do not need to record everything. The aim is to make a clear, useful summary that can support a conversation with a health professional.

This can be especially helpful if you have chronic pain alongside possible menopause symptoms. The two can overlap: poor sleep may make pain harder to manage, while pain can affect mood and rest. A diary may help you and your clinician consider the whole picture, rather than treating each symptom in isolation.



Why tracking symptoms can help

Chronic pain is pain that continues or returns over a long period. It can affect movement, work, relationships, sleep and mental wellbeing. Women are affected by many chronic pain conditions, including migraine, fibromyalgia, pelvic pain and endometriosis. Differences in hormones, biology, working and caring responsibilities, and access to diagnosis may all matter. Exactly.. Pain is individual, and a diary should never be used to suggest that symptoms are “all in your head”.

Endometriosis is one condition that can cause significant and persistent pain. It happens when tissue similar to the lining of the womb grows elsewhere in the body. Symptoms can include painful periods, pelvic pain, pain during or after sex, pain when using the toilet, and difficulty getting pregnant. Experiences vary, and these symptoms can also have other causes. Getting a diagnosis can take time; NICE recognises that symptoms may be mistaken for other conditions. Keeping a record of your symptoms and their effect on everyday life may help you describe what is happening when you seek care.

Menopause is another possible part of the picture. It is not just hot flushes. Symptoms can include changes to periods, night sweats, difficulty sleeping, low mood, anxiety, reduced concentration, joint and muscle aches, headaches, vaginal or urinary symptoms, and changes in sexual desire. Not everyone experiences the same symptoms, and other health issues can cause similar changes.



What to put in your symptom diary

Choose a format you can manage: a notebook, a phone note, a calendar or a simple spreadsheet. A few lines on most days are more useful than an elaborate record you cannot keep up. You could use the following prompts.

- **Date and timing:** When did the symptom start, and how long did it last? Note whether it came on suddenly or gradually.
- **Pain:** Where was it? Describe the feeling in your own words, such as aching, burning, cramping or sharp. You might rate its intensity from 0 to 10, but the description matters more than the number.
- **Periods and bleeding:** If relevant, record dates, flow, spotting, unusual bleeding and whether pain changes around your period. You do not need to track this if it feels uncomfortable or unhelpful.
- **Menopause-related symptoms:** Note hot flushes or night sweats, changes to mood or concentration, vaginal or urinary symptoms, and any changes in sexual comfort or desire that you want to discuss.
- **Sleep:** Track sleep hours, including roughly when you went to bed, how often you woke and whether you felt rested. Add night sweats, pain or worries if they interrupted sleep.
- **Movement and daily activities:** Record what you could or could not do, such as walking, working, exercising, caring for someone or completing household tasks.
- **Medicines and other treatments:** Note what you took or tried, when you took it and whether it seemed to help or caused side effects. Include prescribed medicines, over-the-counter products and hormonal treatments.
- **Other changes:** Note stress, illness, food or drink changes, activity, or anything else you think may be relevant. These are observations, not proof of a cause.

For example: “Tuesday: pelvic cramping, about 6/10, worse in the evening. Slept 5 hours, woke twice with pain. Took prescribed pain relief; some improvement. femalefirst.co.uk Cancelled a walk.” This is more useful than trying to write a detailed account of every sensation.

How to keep the diary manageable

1. **Start with the symptoms that matter most.** Pick two or three—for example, pelvic pain, night sweats and sleep—rather than recording every detail of your health.
2. **Use brief, neutral language.** Write what happened without judging yourself. “Could not finish the shopping” is a useful record; “I was useless” is not a measure of your health.
3. **Look for patterns, not certainty.** After a few weeks, you may notice pain tends to worsen around bleeding or after disrupted sleep. A pattern is worth discussing, but it does not prove one symptom caused another.
4. **Include better days.** Recording when symptoms ease can be useful too. Note what was different, while remembering that improvement may happen for several reasons.
5. **Stop or simplify if it adds stress.** A diary should support your care, not make you monitor yourself anxiously. A weekly summary may work better than daily notes.

Bringing your notes to a GP appointment

Appointments can feel rushed, especially when several symptoms are involved. Before you go, read back over your notes and pick out the main points. Bring notes to GP appointments in a format you can access easily—on paper or on your phone—and ask whether it is helpful to share them in advance.

A one-page summary could include:

- your three main concerns and when they began;
- how often symptoms happen and whether they are changing;
- how they affect sleep, work, relationships and everyday activities;
- any medicines or treatments tried, including benefits or unwanted effects;
- questions you want answered, and what you hope to get help with.

You might say: “I have recorded my symptoms for a few weeks. The pain is affecting my sleep and I have also noticed changes in my periods and mood. Could we talk through possible causes and what happens next?” You can ask for an explanation of options, expected benefits and risks, and when to arrange a review. If you find it difficult to speak during appointments, consider bringing someone you trust, if that feels right for you.

Possible NHS assessment and treatment pathways

Your GP may ask about your symptoms, medical history, periods, medicines and how your health affects daily life. Depending on your symptoms, they may examine you, arrange tests or discuss treatment. A symptom diary can help, but you should not delay seeking care while you collect one.

For menopause symptoms, treatment depends on your health, preferences and circumstances. NICE guidance recommends discussing options and making decisions together. Hormone replacement therapy (HRT) may be offered for menopause symptoms when appropriate; it is not suitable for everyone, and different types may be considered. If HRT is not wanted or suitable, a clinician can discuss non-hormonal options. Menopause-specific cognitive behavioural therapy (CBT) may be considered for some symptoms, including sleep problems or low mood associated with menopause. I've seen this play out countless times: thought they could save money but ended up paying more.. Vaginal oestrogen may be an option for genitourinary symptoms such as vaginal dryness or discomfort. Your clinician can explain benefits, risks and follow-up.

For ongoing pain, care may involve more than one approach. Depending on the cause, this may include treatment for an underlying condition, support with movement or physiotherapy, psychological therapies such as CBT, and a review of medicines. The right plan is individual; long-term pain medicines are not appropriate for everyone. Ask what each option is intended to improve and how progress will be reviewed.

If endometriosis is suspected, NICE recommends that a normal examination or ultrasound scan does not necessarily rule it out. Your GP may discuss pain relief or hormonal treatment and may refer you to gynaecology if symptoms persist, affect daily life, or initial treatment is unsuitable or ineffective. Specialist assessment may include further investigations. Referral options depend on your symptoms and local services. Ask what to expect and how to seek help if symptoms worsen while you wait.

Using online and private services thoughtfully

An online eligibility check can help you find out whether a particular service may be available to you, based on the service's own criteria. It cannot diagnose a condition or replace an assessment by a qualified clinician. Check what information is collected, how it is used, and whether the service is appropriate for your symptoms.

A private video consultation may be one way to speak with a clinician if you choose to use private care. Before booking, check the clinician's qualifications, what the consultation includes, the cost, and whether tests, prescriptions or follow-up appointments are charged separately. Ask how information will be shared with your NHS GP, with your consent. A private consultation does not guarantee a particular diagnosis, treatment or NHS referral; any recommendations should be based on an individual assessment.

When to seek urgent help

Do not rely on a diary if you feel seriously unwell. Seek urgent medical advice for sudden, severe pain, heavy bleeding with weakness or fainting, or symptoms that are rapidly worsening. Call 999 for a life-threatening emergency. If you are unsure how urgently you need help, contact NHS 111 or your GP practice for advice. For unusual bleeding after menopause, contact your GP promptly for assessment.

A useful record, not a perfect one

You do not need to prove that your symptoms are real or keep a flawless record to deserve care. A short diary can help you explain what has changed, what affects your quality of life and what you have already tried. Start small, track sleep hours and note joint aches anxiety if these are relevant to you, then bring notes to GP appointments. The purpose is to support a shared conversation about what might be happening and what help could suit you.

Further information: NHS guidance covers menopause, endometriosis and chronic pain. NICE guidance includes recommendations on menopause, endometriosis and chronic primary pain. Ask your clinician which guidance or local pathway applies to your situation.