



MY  
*Menopause*  
TRACKERS

SYMPTOMS. MOODS, SLEEP, HABITS,  
SELF CARE, PERIODS AND TASKS

# Habit Tracker

MONTH:

A circular grid with 31 numbered segments (1-31) and a rectangular grid with 5 rows and 5 columns, all in a light blue color. The circular grid is divided into 31 segments, numbered 1 through 31, starting from the top and moving clockwise. The rectangular grid is a 5x5 grid of squares, located to the left of the circular grid.

# Habit Tracker

MONTH:

HABIT:	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27	28	29	30	31		

SUPPORTS WHICH GOAL:

REWARD:

HABIT:	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27	28	29	30	31		

SUPPORTS WHICH GOAL:

REWARD:

HABIT:	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27	28	29	30	31		

SUPPORTS WHICH GOAL:

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	12	13	14	15	16	17	18	19	20	21	22
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SUPPORTS WHICH GOAL:

REWARD:

HABIT:	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27	28	29	30	31		

SUPPORTS WHICH GOAL:

REWARD:


# Habit Tracker

MONTH:

[illegible]



## MONTH:

[illegible]

# Sleep Tracker

MONTH:

[illegible]

# Period Tracker

MONTH:

YEAR

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1												
2												
3												
4												
5												
6												
7												
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28												
29												
30												
31												

## KEY


## CYCLE LENGTH

JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	

## NOTES

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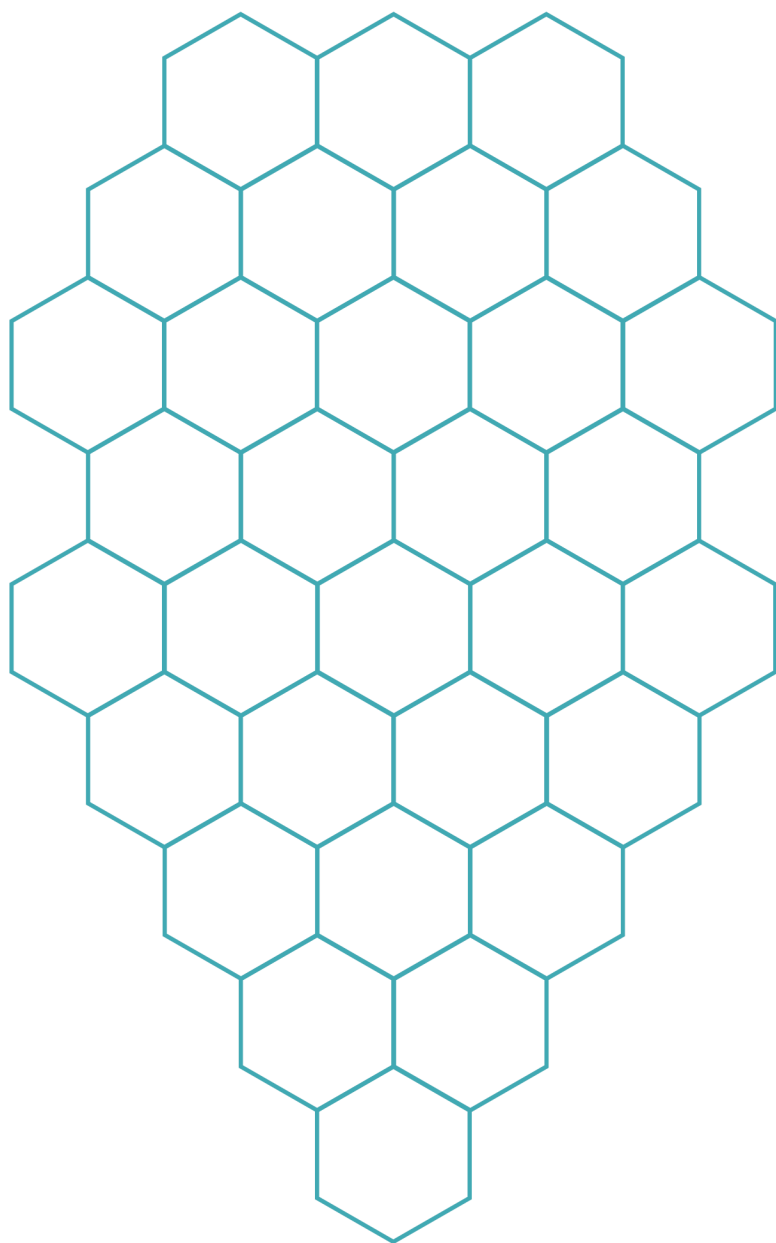
# Meditation Tracker

MONTH:

	MEDITATION ACTIVITY	MY FEELINGS DURING AND AFTER	DURATION
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			

# Mood Tracker

MONTH:



KEY:



NOTES:

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# Mood Tracker

MONTH:

MONTH: \_\_\_\_\_

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# Weekly Tracker

DATE:

TASK

S

M

T

W

T

F

S

☐☐

NOTES

# Self Care Tracker

MONTH:

Use this 24 hour clock to track how you take care of yourself. Shade in the time you spend...



Sleeping



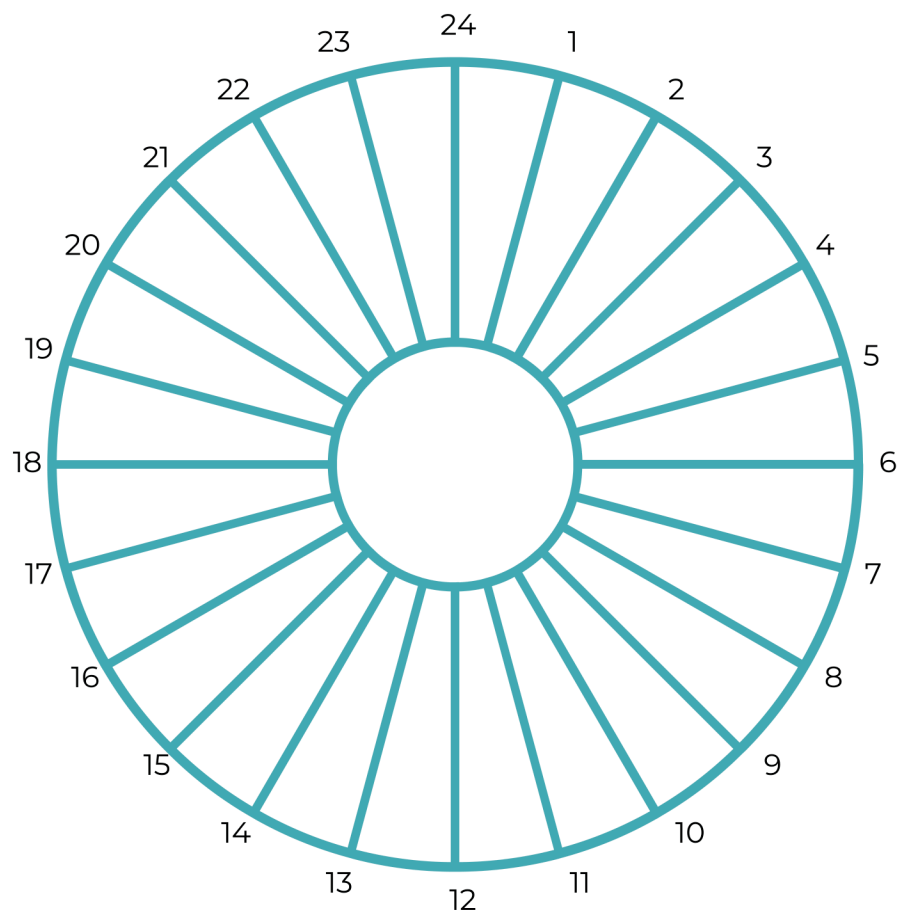
Eating



Exercising



Meditating



Time spent sleeping

What have you learnt from this activity?

Time spent exercising

Time spent eating

What will you change in the future?

Time spent meditating



## DATE:

S   M   T   W   T   F   S



S M T W T F S



S M T W T F S

