



# Gorleston Menopause Mayhem



This group is for you, so I want to be able to bring you what works best for you all. Please answer the questions below. Please circle where applicable.

1. Where did you hear about us?
2. What would you like to see at future meetings?

Please tick below any symptoms you suffer with:-

Change in menstrual cycle		Menstrual flooding	
Headaches/Migraines		Clumsiness	
Lethargy		Exhaustion	
Exacerbation of current illnesses		Insomnia/sleep disturbances	
Night Sweats		Interference with dream recall	
Muscle cramps		Low backpain	
Gall bladder symptoms		Frequent urination	
Hypoglycaemic reactions		Food cravings	
Increased appetite		Dark circles under eyes	
Joint and muscle pain		Increased tension in muscles	
Increased hair loss or thinning		Increase in facial hair	
Unusual hair growth		Acne	
Loss of breast tissue		Breast soreness/tenderness/pain	
Painful/tender nipples		Cold extremities	
Accident prone		Hot flushes	
Loss of sexual appetite		Painful sex	
Vaginal dryness		Dizziness	
ringing in the ears/tinnitus		Abdominal bloating	
Weight gain		Fluid retention	
Heart racing/palpitations		Irregularities in your heart rate	
Constipation/Diarrhoea		Memory loss	
Feeling faint		Tingling in extremities	
Increase/worsening of allergies		Urinary incontinence	
Anxiety		Dry hair	
Gastrointestinal distress		Slow digestion	
Change in body odour		Puffy eyes	
Osteoporosis		Changes in fingernails	
Itchy, crawly skin		Pelvic pain	
Dry, itchy eyes		Aching teeth	
Change in tongue sensation		Lack of appetite	
Tendency towards Candidiasis		Other:	

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

By providing the above details you are agreeing for me Gorleston Menopause Mayhem to contact you with any information we think relevant to this group.

We will not share your information with other organisations. If you feel you no longer wish to receive information please email us.

Follow us on Facebook <https://www.facebook.com/Gorleston-Menopause-Mayhem>