**Self Identification / Action Plan – Menopausal Symptons**

This template is to assist with understanding how to support employees experiencing issues through the menopause. The list of symptoms an employee may experience at work, during peri-menopause and menopause and how these symptoms may impact their ability to undertake their role.

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| **Symptom** | **Severity of Symptom** | | | **Frequency** | | | | **Adjustments that may assist** |
|  | **Mild** | **Moderate** | **Severe** | **Daily** | **Weekly** | **Monthly** | **Constant** |  |
| Hot flushes |  |  |  |  |  |  |  | **Fan/sit close to window/access to showers etc** |
| Changes in body temp |  |  |  |  |  |  |  |  |
| Night Sweats |  |  |  |  |  |  |  | **Flexible shift times** |
| Brain Fog |  |  |  |  |  |  |  |  |
| Irregular Periods |  |  |  |  |  |  |  | **Procedures allowing for flexibility without drawing attention** |
| Mood Swings |  |  |  |  |  |  |  | **Inform the team/colleagues to be mindful (is there a quiet room the employee can use)** |
| Fatigue |  |  |  |  |  |  |  | **Flexible shift times** |
| Hair Loss |  |  |  |  |  |  |  |  |
| Sleep Disorders |  |  |  |  |  |  |  |  |
| Difficulty Concentrating |  |  |  |  |  |  |  |  |
| Memory Lapse |  |  |  |  |  |  |  |  |
| Dizziness |  |  |  |  |  |  |  |  |
| Weight Gain |  |  |  |  |  |  |  |  |
| Bloating |  |  |  |  |  |  |  |  |
| Changes in Odour |  |  |  |  |  |  |  |  |
| Irregular Heartbeat |  |  |  |  |  |  |  |  |
| Depression |  |  |  |  |  |  |  |  |
| Anxiety |  |  |  |  |  |  |  |  |
| Irritability |  |  |  |  |  |  |  |  |
| Panic Disorders |  |  |  |  |  |  |  |  |
| Muscle Tension |  |  |  |  |  |  |  |  |
| Digestive Problems |  |  |  |  |  |  |  |  |
| Bad Breath & gum problems |  |  |  |  |  |  |  |  |
| Itchy Skin |  |  |  |  |  |  |  |  |
| Headaches |  |  |  |  |  |  |  |  |
| Osteoporosis |  |  |  |  |  |  |  |  |