



**Compounding Solutions**  
Greenville, South Carolina

Use this Hot Flash Journal to track your symptoms and see what you can discover. After each week observe how the frequency and intensity of your hot flash symptoms are affected or reduced with your prescription.

For the week of \_\_\_\_\_  
(Month, Start Date)

**Hot Flashes**

**Night Sweats**

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
How many hot flashes did you experience today?							
Where were you? (At work, in the car, shopping, at home, etc.)							
In general, were the episodes mild, moderate, or severe?							
How many times during the night did you experience night sweats?							
In general, were the episodes mild, moderate, or severe?							
What time did you fall asleep? How many hours of sleep did you get?							