



Use this downloadable Hot Flash Journal to track your symptoms for a week or so, and see what you can discover. Try taking one i-cool® tablet daily, and after each week observe how the frequency and intensity of your hot flash symptoms are affected or reduced, and how i-cool® may improve your comfort and quality of life. www.i-coolformenopause.com

For the week of _____
(MONTH, START DATE)

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
HOT FLASHES	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?							
NIGHT SWEATS	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?							