# Hot Flash Trigger Tracker

**Week of:**

| Date | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|---|---|---|---|---|---|---|---|
| Hot flashes (# or tally) | | | | | | | |
| Night sweats (# or tally) | | | | | | | |
| Time(s) of day | | | | | | | |
| Potential triggers | ▫ Caffeine<br>▫ Alcohol<br>▫ Food ___<br>▫ Anxiety<br>▫ Room temp<br>▫ Person___<br>▫ Place ___<br>▫ Other ____ | ▫ Caffeine<br>▫ Alcohol<br>▫ Food ___<br>▫ Anxiety<br>▫ Room temp<br>▫ Person___<br>▫ Place ___<br>▫ Other ____ | ▫ Caffeine<br>▫ Alcohol<br>▫ Food ___<br>▫ Anxiety<br>▫ Room temp<br>▫ Person___<br>▫ Place ___<br>▫ Other ____ | ▫ Caffeine<br>▫ Alcohol<br>▫ Food ___<br>▫ Anxiety<br>▫ Room temp<br>▫ Person___<br>▫ Place ___<br>▫ Other ____ | ▫ Caffeine<br>▫ Alcohol<br>▫ Food ___<br>▫ Anxiety<br>▫ Room temp<br>▫ Person___<br>▫ Place ___<br>▫ Other ____ | ▫ Caffeine<br>▫ Alcohol<br>▫ Food ___<br>▫ Anxiety<br>▫ Room temp<br>▫ Person___<br>▫ Place ___<br>▫ Other ____ | ▫ Caffeine<br>▫ Alcohol<br>▫ Food ___<br>▫ Anxiety<br>▫ Room temp<br>▫ Person___<br>▫ Place ___<br>▫ Other ____ |
| Alcohol consumed & how many glasses? | ▫ 1<br>▫ 2<br>▫ >2 | ▫ 1<br>▫ 2<br>▫ >2 | ▫ 1<br>▫ 2<br>▫ >2 | ▫ 1<br>▫ 2<br>▫ >2 | ▫ 1<br>▫ 2<br>▫ >2 | ▫ 1<br>▫ 2<br>▫ >2 | ▫ 1<br>▫ 2<br>▫ >2 |
| Caffeine consumed & how many cups? | ▫ 1<br>▫ 2<br>▫ >2 | ▫ 1<br>▫ 2<br>▫ >2 | ▫ 1<br>▫ 2<br>▫ >2 | ▫ 1<br>▫ 2<br>▫ >2 | ▫ 1<br>▫ 2<br>▫ >2 | ▫ 1<br>▫ 2<br>▫ >2 | ▫ 1<br>▫ 2<br>▫ >2 |
| Environmental or behavioral intervention | | | | | | | |
| Med or supplement taken | | | | | | | |
| Patterns Observed | | | | | | | |