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# Balanced Feminine Path

Practical digital support for perimenopause

## Perimenopause Symptom Tracker and Doctor Appointment Checklist

A printable tracker for symptoms, cycle changes, sleep, mood, fatigue, and doctor visits

Use this workbook when your body feels different and you need better notes than the scraps in your phone.

The goal is simple: help you notice patterns, describe symptoms clearly, and walk into your next appointment prepared.

*This workbook supports education and personal reflection. It is not medical advice. Talk with your doctor or another qualified healthcare professional about symptoms, treatment, supplements, or medication.*

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## What to track every day

- Bleeding or spotting changes
- Hot flashes, night sweats, or temperature swings
- Sleep quality, night waking, and early waking
- Mood shifts, irritability, anxiety, or tears
- Brain fog, focus issues, or forgetfulness
- Energy dips, headaches, cravings, joint pain, or breast tenderness

## 30-day tracker layout

For each day, write the date, cycle day if known, and your top three symptoms. Rate each symptom from 1 to 5. Add short notes for sleep, stress, food triggers, movement, and anything that felt unusual.

Use these prompts as your daily lines:

- Symptoms today: \_\_\_\_\_
- Sleep last night: \_\_\_\_\_
- Energy and focus: \_\_\_\_\_
- Mood and stress load: \_\_\_\_\_
- Possible triggers or supports: \_\_\_\_\_

## Weekly review

- What symptoms showed up most often this week?
- What time of day felt hardest?
- Did sleep make the next day worse?
- Did stress, alcohol, sugar, or skipped meals affect symptoms?
- What helped even a little?

## Doctor appointment checklist

- How have my cycles changed in timing, flow, or spotting?
- Could these symptoms fit perimenopause?
- Which symptoms need more evaluation right now?

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- What labs, screenings, or follow-up would make sense?
  - What are my options for sleep, mood, hot flashes, or heavy bleeding?
  - When should I come back or seek urgent care?

## Bring this summary with you

Main symptoms: \_\_\_\_\_

How long this has been happening: \_\_\_\_\_

What is affecting daily life most: \_\_\_\_\_

What I want help with first: \_\_\_\_\_

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