



Seven-Day Checklist

Use the checkboxes digitally or print these pages. Save completed digital worksheets as a new copy. You may take longer than a week.

My starting date

☐ Day 1: Understanding Hormonal Changes

☐ Day 2: Supporting Better Sleep

☐ Day 3: Nourishing Your Body

☐ Day 4: Gentle Movement

☐ Day 5: Managing Stress

☐ Day 6: Supporting Brain Health

☐ Day 7: Creating Your Wellness Plan

What did I notice this week?

This guide provides general education and wellness reflection. It does not diagnose conditions, provide individual treatment advice, or replace care from a qualified healthcare professional.



Daily Symptom Tracker - Day 1

A record of your experience, not a diagnostic tool. Check all options that apply.

Date

Sleep quality

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Energy

☐ High ☐ Moderate ☐ Low

Mood

☐ Calm ☐ Irritable ☐ Anxious ☐ Sad

Impact on daily activities

☐ None ☐ A little ☐ Moderate ☐ A lot

Symptoms experienced today

☐ Hot flashes ☐ Night sweats
☐ Brain fog ☐ Headache
☐ Joint pain ☐ Mood changes
☐ Fatigue ☐ Difficulty sleeping
☐ Menstrual changes ☐ Vaginal discomfort
☐ Urinary symptoms ☐ Other (describe below)

Approximate hours slept

Notes: sleep, meals, activity, stress, medication, or other symptoms

Report bleeding changes to your healthcare professional. Any vaginal bleeding after menopause, including spotting, should be assessed. Observations do not establish symptom causes.



Day 1: Reflection Questions

Understanding Hormonal Changes

1. What physical or emotional changes have you noticed in recent months?

2. Which change would you most like to discuss with your healthcare professional?

My next small step

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Daily Symptom Tracker - Day 2

A record of your experience, not a diagnostic tool. Check all options that apply.

Date

Sleep quality

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Energy

☐ High ☐ Moderate ☐ Low

Mood

☐ Calm ☐ Irritable ☐ Anxious ☐ Sad

Impact on daily activities

☐ None ☐ A little ☐ Moderate ☐ A lot

Symptoms experienced today

☐ Hot flashes ☐ Night sweats
☐ Brain fog ☐ Headache
☐ Joint pain ☐ Mood changes
☐ Fatigue ☐ Difficulty sleeping
☐ Menstrual changes ☐ Vaginal discomfort
☐ Urinary symptoms ☐ Other (describe below)

Approximate hours slept

Notes: sleep, meals, activity, stress, medication, or other symptoms

Report bleeding changes to your healthcare professional. Any vaginal bleeding after menopause, including spotting, should be assessed. Observations do not establish symptom causes.



Day 2: Reflection Questions

Supporting Better Sleep

1. Which change to your evening routine feels most realistic?

2. What makes it easier or harder for you to follow a consistent evening routine?

My next small step

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Daily Symptom Tracker - Day 3

A record of your experience, not a diagnostic tool. Check all options that apply.

Date

Sleep quality

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Energy

☐ High ☐ Moderate ☐ Low

Mood

☐ Calm ☐ Irritable ☐ Anxious ☐ Sad

Impact on daily activities

☐ None ☐ A little ☐ Moderate ☐ A lot

Symptoms experienced today

☐ Hot flashes ☐ Night sweats
☐ Brain fog ☐ Headache
☐ Joint pain ☐ Mood changes
☐ Fatigue ☐ Difficulty sleeping
☐ Menstrual changes ☐ Vaginal discomfort
☐ Urinary symptoms ☐ Other (describe below)

Approximate hours slept

Notes: sleep, meals, activity, stress, medication, or other symptoms

Report bleeding changes to your healthcare professional. Any vaginal bleeding after menopause, including spotting, should be assessed. Observations do not establish symptom causes.



Day 3: Reflection Questions

Nourishing Your Body

1. Which nourishing meal could become a familiar part of your week?

2. What is one small change that would make nourishing meals easier to prepare?

My next small step

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Daily Symptom Tracker - Day 4

A record of your experience, not a diagnostic tool. Check all options that apply.

Date

Sleep quality

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Energy

☐ High ☐ Moderate ☐ Low

Mood

☐ Calm ☐ Irritable ☐ Anxious ☐ Sad

Impact on daily activities

☐ None ☐ A little ☐ Moderate ☐ A lot

Symptoms experienced today

☐ Hot flashes ☐ Night sweats
☐ Brain fog ☐ Headache
☐ Joint pain ☐ Mood changes
☐ Fatigue ☐ Difficulty sleeping
☐ Menstrual changes ☐ Vaginal discomfort
☐ Urinary symptoms ☐ Other (describe below)

Approximate hours slept

Notes: sleep, meals, activity, stress, medication, or other symptoms

Report bleeding changes to your healthcare professional. Any vaginal bleeding after menopause, including spotting, should be assessed. Observations do not establish symptom causes.



Day 4: Reflection Questions

Gentle Movement

1. How did you feel before and after your chosen activity?

2. Which activity could fit comfortably into your usual week?

My next small step

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Daily Symptom Tracker - Day 5

A record of your experience, not a diagnostic tool. Check all options that apply.

Date

Sleep quality

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Energy

☐ High ☐ Moderate ☐ Low

Mood

☐ Calm ☐ Irritable ☐ Anxious ☐ Sad

Impact on daily activities

☐ None ☐ A little ☐ Moderate ☐ A lot

Symptoms experienced today

☐ Hot flashes ☐ Night sweats
☐ Brain fog ☐ Headache
☐ Joint pain ☐ Mood changes
☐ Fatigue ☐ Difficulty sleeping
☐ Menstrual changes ☐ Vaginal discomfort
☐ Urinary symptoms ☐ Other (describe below)

Approximate hours slept

Notes: sleep, meals, activity, stress, medication, or other symptoms

Report bleeding changes to your healthcare professional. Any vaginal bleeding after menopause, including spotting, should be assessed. Observations do not establish symptom causes.



Day 5: Reflection Questions

Managing Stress

1. Which responsibility or situation feels most demanding, and what support might help?

2. What is one manageable way to create a pause or ask for support today?

My next small step

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Daily Symptom Tracker - Day 6

A record of your experience, not a diagnostic tool. Check all options that apply.

Date

Sleep quality

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Energy

☐ High ☐ Moderate ☐ Low

Mood

☐ Calm ☐ Irritable ☐ Anxious ☐ Sad

Impact on daily activities

☐ None ☐ A little ☐ Moderate ☐ A lot

Symptoms experienced today

☐ Hot flashes	☐ Night sweats
☐ Brain fog	☐ Headache
☐ Joint pain	☐ Mood changes
☐ Fatigue	☐ Difficulty sleeping
☐ Menstrual changes	☐ Vaginal discomfort
☐ Urinary symptoms	☐ Other (describe below)

Approximate hours slept

Notes: sleep, meals, activity, stress, medication, or other symptoms

Report bleeding changes to your healthcare professional. Any vaginal bleeding after menopause, including spotting, should be assessed. Observations do not establish symptom causes.



Day 6: Reflection Questions

Supporting Brain Health

1. When do you feel most focused, and what makes daily tasks easier?

2. Which reminder or routine could make a daily task easier?

My next small step

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Daily Symptom Tracker - Day 7

A record of your experience, not a diagnostic tool. Check all options that apply.

Date

Sleep quality

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Energy

☐ High ☐ Moderate ☐ Low

Mood

☐ Calm ☐ Irritable ☐ Anxious ☐ Sad

Impact on daily activities

☐ None ☐ A little ☐ Moderate ☐ A lot

Symptoms experienced today

☐ Hot flashes	☐ Night sweats
☐ Brain fog	☐ Headache
☐ Joint pain	☐ Mood changes
☐ Fatigue	☐ Difficulty sleeping
☐ Menstrual changes	☐ Vaginal discomfort
☐ Urinary symptoms	☐ Other (describe below)

Approximate hours slept

Notes: sleep, meals, activity, stress, medication, or other symptoms

Report bleeding changes to your healthcare professional. Any vaginal bleeding after menopause, including spotting, should be assessed. Observations do not establish symptom causes.



Day 7: Reflection Questions

Creating Your Wellness Plan

1. Which habit feels most useful and realistic for you to continue?

2. How will you adapt your plan on a busy or difficult day?

My next small step

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My Three Habits

Choose manageable habits and include a smaller version for difficult days.

Habit 1: my first small step, when and where, and a smaller version

Habit 2: my first small step, when and where, and a smaller version

Habit 3: my first small step, when and where, and a smaller version

Date to review my plan



My Wellness Priorities

My sleep goal

My movement routine

My nutrition focus

My stress management practice

Support I can ask for



Questions for My Healthcare Professional

Which symptoms concern me most?

Could my symptoms have causes other than menopause?

Which symptoms or bleeding changes need assessment?

What treatments could help, and what are their benefits and risks?

What should I know about bone health and preventive care?

When should we review my symptoms?



Daily Observations

Date

My reflections

My next small step



What Helped This Week?

Date

My reflections

My next small step



My Next Steps and Questions

Date

My reflections

My next small step