



Hormone Health Journal

Your Complete Health Tracking Companion

Track Labs, Medications, Symptoms & Lifestyle
Through Every Stage of Menopause

Name: _____

Healthcare Provider: _____

Started: _____

Hormone Basics: What You Need to Know

Key Hormones in Menopause

Hormone	Role	What Changes in Menopause	Symptoms When Low
Estrogen (Estradiol)	Regulates cycles, bone health, brain function, cardiovascular health	Fluctuates wildly, then declines permanently	Hot flashes, vaginal dryness, brain fog, bone loss, mood changes
Progesterone	Balances estrogen, supports sleep, calms nervous system	Drops early in perimenopause	Anxiety, insomnia, heavy periods, irritability
Testosterone	Energy, libido, muscle mass, confidence	Gradual decline (50% by menopause)	Low libido, fatigue, reduced muscle mass, low motivation
FSH	Stimulates ovaries to produce eggs	Rises as ovaries respond less	High FSH = ovaries slowing down
TSH / Thyroid	Metabolism, energy, weight, temperature	Thyroid issues increase after 40	Fatigue, weight gain, cold intolerance, hair loss
DHEA	Precursor to estrogen and testosterone	Declines with age	Fatigue, low immunity, reduced well-being
Cortisol	Stress response, energy regulation	Can become dysregulated with chronic stress	Fatigue, belly fat, insomnia, anxiety

When to Test

Best timing: Day 2-5 of your cycle (if still having periods). Fasting morning blood draw is ideal for most hormones.

How often: Every 3-6 months during treatment changes, or annually once stable.

Treatment Options Overview

Treatment	What It Does	Forms
Systemic HRT (Estrogen + Progesterone)	Replaces declining hormones systemically	Patch, pill, spray, gel
Local/Vaginal Estrogen	Treats vaginal dryness & urinary symptoms	Cream, ring, tablet
Testosterone	Supports libido, energy, cognition	Cream, pellet (compounded)
SSRIs / SNRIs	Non-hormonal hot flash relief + mood support	Pill
Supplements	Supportive care (see med/supplement log)	Various

Important: This journal is for tracking, not medical advice. Always discuss results and treatments with a qualified healthcare provider, ideally one certified by NAMS (North American Menopause Society).

Lab Result Log

Record your blood test results here. Reference ranges are general guidelines; your lab may differ slightly.

Test	Reference Range	Date:	Date:	Date:	Date:	Date:
Estradiol (E2)	Premeno: 30-400 pg/mL Postmeno: <30 pg/mL					
Progesterone	Luteal: 5-20 ng/mL Postmeno: <1 ng/mL					
FSH	Premeno: 3-20 mIU/mL Postmeno: 25-135 mIU/mL					
LH	Premeno: 2-15 mIU/mL Postmeno: 10-54 mIU/mL					
Total Testosterone	15-70 ng/dL					
Free Testosterone	0.3-1.9 ng/dL					
DHEA-S	35-430 mcg/dL (age-dependent)					
TSH	0.5-4.5 mIU/L					
Free T4	0.8-1.8 ng/dL					
Free T3	2.3-4.2 pg/mL					
Vitamin D (25-OH)	30-80 ng/mL (optimal >50)					
Vitamin B12	200-900 pg/mL					
Ferritin	20-200 ng/mL (optimal >50)					
Fasting Glucose	70-99 mg/dL					
HbA1c	<5.7% normal					
Total Cholesterol	<200 mg/dL					
LDL	<100 mg/dL					
HDL	>50 mg/dL					
Triglycerides	<150 mg/dL					

Notes / Doctor's Comments:

Month 1 — Symptom & Hormone Tracker

Month/Year: _____ Cycle Day 1 (if applicable): _____

Daily Symptom Tracker

Day	Hot Flashes	Sleep (1-10)	Energy (1-10)	Mood (1-10)	Brain Fog	Joint Pain	Anxiety	Other Symptoms
1-5								
6-10								
11-15								
16-20								
21-25								
26-31								

Period / Bleeding Log

Start Date:

End Date:

Flow (Light/Med/Heavy):

Monthly Summary

Worst symptom this month:

Best days / what helped:

Treatment changes this month:

Questions for next appointment:

Month 2 — Symptom & Hormone Tracker

Month/Year: _____ Cycle Day 1 (if applicable): _____

Daily Symptom Tracker

Day	Hot Flashes	Sleep (1-10)	Energy (1-10)	Mood (1-10)	Brain Fog	Joint Pain	Anxiety	Other Symptoms
1-5								
6-10								
11-15								
16-20								
21-25								
26-31								

Period / Bleeding Log

Start Date:

End Date:

Flow (Light/Med/Heavy):

Monthly Summary

Worst symptom this month:

Best days / what helped:

Treatment changes this month:

Questions for next appointment:

Month 3 — Symptom & Hormone Tracker

Month/Year: _____ Cycle Day 1 (if applicable): _____

Daily Symptom Tracker

Day	Hot Flashes	Sleep (1-10)	Energy (1-10)	Mood (1-10)	Brain Fog	Joint Pain	Anxiety	Other Symptoms
1-5								
6-10								
11-15								
16-20								
21-25								
26-31								

Period / Bleeding Log

Start Date:

End Date:

Flow (Light/Med/Heavy):

Monthly Summary

Worst symptom this month:

Best days / what helped:

Treatment changes this month:

Questions for next appointment:

Month 4 — Symptom & Hormone Tracker

Month/Year: _____ Cycle Day 1 (if applicable): _____

Daily Symptom Tracker

Day	Hot Flashes	Sleep (1-10)	Energy (1-10)	Mood (1-10)	Brain Fog	Joint Pain	Anxiety	Other Symptoms
1-5								
6-10								
11-15								
16-20								
21-25								
26-31								

Period / Bleeding Log

Start Date:

End Date:

Flow (Light/Med/Heavy):

Monthly Summary

Worst symptom this month:

Best days / what helped:

Treatment changes this month:

Questions for next appointment:

Month 5 — Symptom & Hormone Tracker

Month/Year: _____ Cycle Day 1 (if applicable): _____

Daily Symptom Tracker

Day	Hot Flashes	Sleep (1-10)	Energy (1-10)	Mood (1-10)	Brain Fog	Joint Pain	Anxiety	Other Symptoms
1-5								
6-10								
11-15								
16-20								
21-25								
26-31								

Period / Bleeding Log

Start Date:

End Date:

Flow (Light/Med/Heavy):

Monthly Summary

Worst symptom this month:

Best days / what helped:

Treatment changes this month:

Questions for next appointment:

Month 6 — Symptom & Hormone Tracker

Month/Year: _____ Cycle Day 1 (if applicable): _____

Daily Symptom Tracker

Day	Hot Flashes	Sleep (1-10)	Energy (1-10)	Mood (1-10)	Brain Fog	Joint Pain	Anxiety	Other Symptoms
1-5								
6-10								
11-15								
16-20								
21-25								
26-31								

Period / Bleeding Log

Start Date:

End Date:

Flow (Light/Med/Heavy):

Monthly Summary

Worst symptom this month:

Best days / what helped:

Treatment changes this month:

Questions for next appointment:

Month 7 — Symptom & Hormone Tracker

Month/Year: _____ Cycle Day 1 (if applicable): _____

Daily Symptom Tracker

Day	Hot Flashes	Sleep (1-10)	Energy (1-10)	Mood (1-10)	Brain Fog	Joint Pain	Anxiety	Other Symptoms
1-5								
6-10								
11-15								
16-20								
21-25								
26-31								

Period / Bleeding Log

Start Date:

End Date:

Flow (Light/Med/Heavy):

Monthly Summary

Worst symptom this month:

Best days / what helped:

Treatment changes this month:

Questions for next appointment:

Month 8 — Symptom & Hormone Tracker

Month/Year: _____ Cycle Day 1 (if applicable): _____

Daily Symptom Tracker

Day	Hot Flashes	Sleep (1-10)	Energy (1-10)	Mood (1-10)	Brain Fog	Joint Pain	Anxiety	Other Symptoms
1-5								
6-10								
11-15								
16-20								
21-25								
26-31								

Period / Bleeding Log

Start Date:

End Date:

Flow (Light/Med/Heavy):

Monthly Summary

Worst symptom this month:

Best days / what helped:

Treatment changes this month:

Questions for next appointment:

Month 9 — Symptom & Hormone Tracker

Month/Year: _____ Cycle Day 1 (if applicable): _____

Daily Symptom Tracker

Day	Hot Flashes	Sleep (1-10)	Energy (1-10)	Mood (1-10)	Brain Fog	Joint Pain	Anxiety	Other Symptoms
1-5								
6-10								
11-15								
16-20								
21-25								
26-31								

Period / Bleeding Log

Start Date:

End Date:

Flow (Light/Med/Heavy):

Monthly Summary

Worst symptom this month:

Best days / what helped:

Treatment changes this month:

Questions for next appointment:

Month 10 — Symptom & Hormone Tracker

Month/Year: _____ Cycle Day 1 (if applicable): _____

Daily Symptom Tracker

Day	Hot Flashes	Sleep (1-10)	Energy (1-10)	Mood (1-10)	Brain Fog	Joint Pain	Anxiety	Other Symptoms
1-5								
6-10								
11-15								
16-20								
21-25								
26-31								

Period / Bleeding Log

Start Date:

End Date:

Flow (Light/Med/Heavy):

Monthly Summary

Worst symptom this month:

Best days / what helped:

Treatment changes this month:

Questions for next appointment:

Month 11 — Symptom & Hormone Tracker

Month/Year: _____ Cycle Day 1 (if applicable): _____

Daily Symptom Tracker

Day	Hot Flashes	Sleep (1-10)	Energy (1-10)	Mood (1-10)	Brain Fog	Joint Pain	Anxiety	Other Symptoms
1-5								
6-10								
11-15								
16-20								
21-25								
26-31								

Period / Bleeding Log

Start Date:

End Date:

Flow (Light/Med/Heavy):

Monthly Summary

Worst symptom this month:

Best days / what helped:

Treatment changes this month:

Questions for next appointment:

Month 12 — Symptom & Hormone Tracker

Month/Year: _____ Cycle Day 1 (if applicable): _____

Daily Symptom Tracker

Day	Hot Flashes	Sleep (1-10)	Energy (1-10)	Mood (1-10)	Brain Fog	Joint Pain	Anxiety	Other Symptoms
1-5								
6-10								
11-15								
16-20								
21-25								
26-31								

Period / Bleeding Log

Start Date:

End Date:

Flow (Light/Med/Heavy):

Monthly Summary

Worst symptom this month:

Best days / what helped:

Treatment changes this month:

Questions for next appointment:

Medication & Supplement Log — Page 1

Track everything you take: prescriptions, HRT, supplements, and vitamins. Note dosage changes and how each affects you.

Current Medications

Medication / Supplement	Dose	Frequency	Prescriber	Start Date	Purpose	Side Effects / Notes

Dosage Change Log

Date	Medication	Old Dose	New Dose	Reason for Change	Effect After 2 Weeks

Supplements I've Researched / Want to Try

Supplement	Evidence For	Recommended Dose	Tried?	My Experience
Magnesium Glycinate	Sleep, muscle cramps, anxiety	200-400mg at bedtime		
Vitamin D3 + K2	Bone health, mood, immunity	2000-5000 IU daily		
Omega-3 Fish Oil	Heart health, joint pain, mood	1000-2000mg EPA+DHA		
Black Cohosh	Hot flashes (some evidence)	20-40mg standardized		
Ashwagandha	Stress, cortisol, energy	300-600mg daily		
Probiotics	Gut health, estrogen metabolism	Varies by strain		
Evening Primrose Oil	Hot flashes, skin health	500-1000mg daily		
Maca Root	Libido, energy, mood	1500-3000mg daily		
Calcium + D	Bone density preservation	1000-1200mg calcium		

Always discuss supplements with your doctor. Some supplements interact with medications (especially HRT, blood thinners, and thyroid meds). More is not always better.

HRT Tracking (if applicable)

HRT Type	Brand / Form	Dose	Started	Application Site / Schedule
Estrogen				
Progesterone				
Testosterone				
Local Estrogen				
Other				

HRT Symptom Response Log

Week	Hot Flashes	Sleep	Mood	Energy	Libido	Side Effects	Overall Rating (1-10)
Week 1							
Week 2							
Week 4							
Week 8							
Week 12							
Month 6							

Overall HRT Experience & Notes for Doctor:

Discontinued Medications / Supplements

Name	Dose	Date Started	Date Stopped	Reason Stopped	Would I Try Again?

Allergies & Sensitivities

Allergen / Sensitivity	Reaction	Severity	Date Discovered

Pharmacy & Insurance Info

Pharmacy Name & Phone:

Insurance Rx Group / ID:

Compounding Pharmacy (if applicable):

Doctor Appointment Prep — Visit 1

Complete this before each appointment so you make the most of your time.

Appointment Details

Date & Time:

Doctor / Specialist:

Reason for Visit:

Symptoms to Discuss (ranked by priority)

#	Symptom	Since When	Severity (1-10)	How It Affects Daily Life
1				
2				
3				
4				
5				

My Questions

Write your questions in order of importance (ask the most important ones first):

Current Medications to Review

List or reference your medication log page:

After the Appointment

What the doctor recommended:

Tests ordered / follow-up plan:

Next appointment date:

Doctor Appointment Prep — Visit 2

Appointment Details

Date & Time:

Doctor / Specialist:

Reason for Visit:

Symptoms to Discuss (ranked by priority)

#	Symptom	Since When	Severity (1-10)	How It Affects Daily Life
1				
2				
3				
4				
5				

My Questions

Write your questions in order of importance:

Updates Since Last Visit

What changed since my last appointment (new symptoms, medication effects, lifestyle changes):

After the Appointment

What the doctor recommended:

Tests ordered / follow-up plan:

Next appointment date:

Doctor Appointment Prep — Visit 3

Appointment Details

Date & Time:

Doctor / Specialist:

Reason for Visit:

Symptoms to Discuss (ranked by priority)

#	Symptom	Since When	Severity (1-10)	How It Affects Daily Life
1				
2				
3				
4				
5				

My Questions

Write your questions in order of importance:

Updates Since Last Visit

What changed since my last appointment:

After the Appointment

What the doctor recommended:

Tests ordered / follow-up plan:

Next appointment date:

Lifestyle Factor Tracker — Weeks 1-3

Track how lifestyle factors affect your symptoms. Rate each factor and note your top symptoms that day.

Week / Day	Exercise (type/min)	Water (glasses)	Alcohol	Caffeine	Stress (1-10)	Sleep (hrs)	Symptoms Today
W1 Mon							
W1 Tue							
W1 Wed							
W1 Thu							
W1 Fri							
W1 Sat							
W1 Sun							
W2 Mon							
W2 Tue							
W2 Wed							
W2 Thu							
W2 Fri							
W2 Sat							
W2 Sun							
W3 Mon							
W3 Tue							
W3 Wed							
W3 Thu							
W3 Fri							
W3 Sat							
W3 Sun							

Lifestyle Factor Tracker — Weeks 4-6

Week / Day	Exercise (type/min)	Water (glasses)	Alcohol	Caffeine	Stress (1-10)	Sleep (hrs)	Symptoms Today
W4 Mon							
W4 Tue							
W4 Wed							
W4 Thu							
W4 Fri							
W4 Sat							
W4 Sun							
W5 Mon							
W5 Tue							
W5 Wed							
W5 Thu							
W5 Fri							
W5 Sat							
W5 Sun							
W6 Mon							
W6 Tue							
W6 Wed							
W6 Thu							
W6 Fri							
W6 Sat							
W6 Sun							

Lifestyle Factor Tracker — Weeks 7-9

Week / Day	Exercise (type/min)	Water (glasses)	Alcohol	Caffeine	Stress (1-10)	Sleep (hrs)	Symptoms Today
W7 Mon							
W7 Tue							
W7 Wed							
W7 Thu							
W7 Fri							
W7 Sat							
W7 Sun							
W8 Mon							
W8 Tue							
W8 Wed							
W8 Thu							
W8 Fri							
W8 Sat							
W8 Sun							
W9 Mon							
W9 Tue							
W9 Wed							
W9 Thu							
W9 Fri							
W9 Sat							
W9 Sun							

Lifestyle Factor Tracker — Weeks 10-12

Week / Day	Exercise (type/min)	Water (glasses)	Alcohol	Caffeine	Stress (1-10)	Sleep (hrs)	Symptoms Today
W10 Mon							
W10 Tue							
W10 Wed							
W10 Thu							
W10 Fri							
W10 Sat							
W10 Sun							
W11 Mon							
W11 Tue							
W11 Wed							
W11 Thu							
W11 Fri							
W11 Sat							
W11 Sun							
W12 Mon							
W12 Tue							
W12 Wed							
W12 Thu							
W12 Fri							
W12 Sat							
W12 Sun							

Yearly Review & Health Summary

Year: _____ Age: _____

Symptom Trajectory

Symptom	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Trend
Hot Flashes					
Sleep Quality					
Energy Level					
Mood / Anxiety					
Brain Fog					
Joint Pain					
Weight					
Periods					

Treatments & Their Impact

What treatments/strategies had the most positive effect this year?

Lab Trend Summary

Key lab changes over the year (improving, worsening, stable):

Biggest Wins This Year

How I took care of myself, advocacy moments, improvements:

Goals for Next Year

Health goals:

Lifestyle changes to make:

Appointments to schedule:

Tests to request:

You have built an incredible record of your health journey. This data is powerful. It tells your story in a way that doctors can understand and act on. Keep advocating for yourself -- you are worth it.