



Menopause Wellness Planner

Digital Edition — Your Guide Through Every Stage

Track symptoms • Monitor patterns • Reclaim your wellbeing

Name: _____ Start Date: _____

Cover

Nav

Journey

Symptoms

Mon 1

Mon 2

Mon 3

Mon 4

Mon 5

Mon 6

HF 1

HF 2

HF 3

Sleep1

Sleep2

Mood

Meds

Doctor

Care

Navigation Hub

Tap any section to jump directly to it

Journey Overview

Stage, goals & checklist

Symptom Tracker

Weekly symptom checklist

Monthly Logs 1-6

Daily tracking for 6 months

Hot Flash Tracker

Time, triggers & relief

Sleep Log

Quality & pattern tracking

Mood Tracker

AM/PM mood & energy

Medications

Rx, supplements & HRT

Doctor Notes

Pre-visit prep & notes

Self-Care Planner

Weekly wellness grid

My Menopause Journey Overview

Symptoms

Mon 1

Mon 2

Mon 3

Mon 4

Mon 5

Mon 6

HF 1

HF 2

HF 3

Sleep1

Sleep2

Mood

Meds

Doctor

Care

My Stage

- Perimenopause (irregular periods beginning)
- Menopause (12+ months without period)
- Post-Menopause
- Surgical Menopause
- Unsure / In Transition

Start Date: Age:

Last Period:

Healthcare Provider:

My Top Symptoms

- Hot flashes / night sweats
- Sleep disruption
- Mood changes / anxiety
- Brain fog / memory
- Weight changes
- Joint pain
- Fatigue / low energy
- Vaginal dryness
- Heart palpitations
- Headaches
- Hair / skin changes
- Other: _____

My Wellness Goals

Physical

Emotional

Lifestyle

Current Treatments & Support

HRT / Medications:

Exercise Routine:

Supplements:

Support Network:

Weekly Symptom Tracker

Check each symptom experienced daily. Week of: _____

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Symptom							
Mon 1 Hot Flashes	<input type="checkbox"/>						
Mon 2 Night Sweats	<input type="checkbox"/>						
Mon 3 Insomnia	<input type="checkbox"/>						
Mon 4 Anxiety	<input type="checkbox"/>						
Mon 5 HF 1 Mood Swings	<input type="checkbox"/>						
HF 2 Brain Fog	<input type="checkbox"/>						
HF 3 Fatigue	<input type="checkbox"/>						
Sleep1 Joint Pain	<input type="checkbox"/>						
Sleep2 Headaches	<input type="checkbox"/>						
Mood Heart Palpitations	<input type="checkbox"/>						
Meds Weight Gain	<input type="checkbox"/>						
Doctor Bloating	<input type="checkbox"/>						
Care Vaginal Dryness	<input type="checkbox"/>						
Low Libido	<input type="checkbox"/>						
Hair Thinning	<input type="checkbox"/>						
Dry Skin	<input type="checkbox"/>						
Irritability	<input type="checkbox"/>						
Urinary Issues	<input type="checkbox"/>						

Notes & Patterns Observed

Monthly Log

Month 1

Month: _____ Year: _____

Day	Hot Flashes	Night Sweats	Sleep 1-5	Mood 1-5	Energy 1-5	Exercise	Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Monthly Log

Month 2

Month: _____ Year: _____

Day	Hot Flashes	Night Sweats	Sleep 1-5	Mood 1-5	Energy 1-5	Exercise	Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Cover

Nav

Journey

Symptoms

Mon 1

Mon 2

Mon 3

Mon 4

Mon 5

Mon 6

HF 1

HF 2

HF 3

Sleep1

Sleep2

Mood

Meds

Doctor

Care

Monthly Log

Month 3

Month: _____ Year: _____

Day	Hot Flashes	Night Sweats	Sleep 1-5	Mood 1-5	Energy 1-5	Exercise	Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Cover

Nav

Journey

Symptoms

Mon 1

Mon 2

Mon 3

Mon 4

Mon 5

Mon 6

HF 1

HF 2

HF 3

Sleep1

Sleep2

Mood

Meds

Doctor

Care

Monthly Log

Month 4

Month: _____ Year: _____

Day	Hot Flashes	Night Sweats	Sleep 1-5	Mood 1-5	Energy 1-5	Exercise	Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Monthly Log

Month 5

Month: _____ Year: _____

Day	Hot Flashes	Night Sweats	Sleep 1-5	Mood 1-5	Energy 1-5	Exercise	Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Cover

Nav

Journey

Symptoms

Mon 1

Mon 2

Mon 3

Mon 4

Mon 5

Mon 6

HF 1

HF 2

HF 3

Sleep1

Sleep2

Mood

Meds

Doctor

Care

Monthly Log

Month 6

Month: _____ Year: _____

Day	Hot Flashes	Night Sweats	Sleep 1-5	Mood 1-5	Energy 1-5	Exercise	Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Hot Flash Tracker

Date Range: _____ to _____

Date	Time	Duration	Intensity 1-10	Trigger	What Helped	Notes
Mon 1						
Mon 2						
Mon 3						
Mon 4						
Mon 5						
Mon 6						
HF 1						
HF 2						
HF 3						
Sleep1						
Sleep2						
Mood						
Meds						
Doctor						
Care						

Common Triggers Checklist

- Stress
- Spicy food

- Caffeine
- Alcohol

- Hot environment
- Exercise

- Tight clothing
- Sugar

Hot Flash Tracker

Date Range: _____ to _____

Date	Time	Duration	Intensity 1-10	Trigger	What Helped	Notes
Mon 1						
Mon 2						
Mon 3						
Mon 4						
Mon 5						
Mon 6						
HF 1						
HF 2						
HF 3						
Sleep1						
Sleep2						
Mood						
Meds						
Doctor						
Care						

Patterns Noticed

Hot Flash Tracker

Date Range: _____ to _____

Date	Time	Duration	Intensity 1-10	Trigger	What Helped	Notes
Mon 1						
Mon 2						
Mon 3						
Mon 4						
Mon 5						
Mon 6						
HF 1						
HF 2						

HF 3

Patterns Noticed

Sleep1

Sleep2

Mood

Meds

Doctor

Care

Sleep Log

Dates: _____ to _____

Date	Bedtime	Wake Time	Hours	Night Sweats	Quality 1-5	Notes (wakeup, dreams, aids used)
Mon 1						
Mon 2						
Mon 3						
Mon 4						
Mon 5						
Mon 6						
HF 1						
HF 2						
HF 3						

Sleep Hygiene Checklist

- Cool bedroom (65-68F)
- No screens 1hr before

- No caffeine after 2pm
- Consistent bedtime

- Relaxation routine
- Moisture-wicking PJs

Sleep Log

Dates: _____ to _____

Date	Bedtime	Wake Time	Hours	Night Sweats	Quality 1-5	Notes (wakeup, dreams, aids used)
Mon 1						
Mon 2						
Mon 3						
Mon 4						
Mon 5						
Mon 6						
HF 1						
HF 2						
HF 3						

Sleep Patterns & Insights

Cover

Nav

Journey

Symptoms

Mood & Energy Tracker

Week of: _____

Day	AM		PM		Triggers	Coping Strategy Used
	Mood 1-5	Energy 1-5	Mood 1-5	Energy 1-5		
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

Mood Scale Reference

- 1 = Very low / depressed / overwhelmed
- 2 = Low / anxious / irritable
- 3 = Neutral / okay / manageable
- 4 = Good / calm / positive
- 5 = Great / joyful / balanced

My Coping Toolkit

- Deep breathing
- Walk / movement
- Journaling
- Talk to friend
- Meditation
- Creative activity
- Limit caffeine
- Nature time

Weekly Reflection

Best day & why:

Most challenging:

What helped most:

HRT Details

Type:

Started:

Provider:

Next review:

Notes:

Supplements Tried

- Black Cohosh
 - Evening Primrose Oil
 - Magnesium
 - Vitamin D
 - Ashwagandha
 - Omega-3
 - Maca Root
 - Probiotics
 - Red Clover
 - Calcium

Doctor Visit Notes

Appointment Details

Date: Doctor:

Type: Annual Follow-up Specialist Urgent

Pre-Visit Checklist

- Updated symptom tracker
- List of current medications
- Written questions ready
- Insurance card
- Previous lab results
- Symptom diary/photos
- Family history notes

Questions to Ask

1.
2.
3.
4.
5.
6.
7.
8.

Doctor's Notes & Recommendations

Tests Ordered

- Blood work (hormones)
- Thyroid panel
- Bone density (DEXA)
- Mammogram
- Pap smear
- Cholesterol panel
- Vitamin D levels
- Other: _____

Follow-Up

Next appt:

Action items:

Cover

Nav

Journey

Symptoms

Self-Care Weekly Planner

Week of: _____

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mon 1							
Mon 2							
Mon 3							
Mon 4							
Mon 5							
Mon 6							
HF 1							
HF 2							
HF 3							
Sleep1							
Sleep2							
Mood							
Meds							
Doctor							
Care							

Body Ideas

- Walk / yoga
- Strength training
- Epsom salt bath
- Stretching
- Healthy meal prep
- Hydration goal

Mind Ideas

- Meditation
- Journaling
- Read a book
- Brain puzzle
- Learn something
- Digital detox

Spirit Ideas

- Gratitude list
- Nature walk
- Prayer / reflection
- Creative art
- Music therapy
- Affirmations

Social Ideas

- Call a friend
- Support group
- Date night
- Volunteer
- Coffee meetup
- Set boundaries

Weekly Self-Care Wins & Reflections

What nourished me:

What I need more of:

Next week's intention:
