



Perimenopause Journal

Understanding Your Body. Honoring Your Journey.

A 20-Day Guided Journal for Women
Navigating the Transition

Name: _____

Started: _____

Understanding Perimenopause

What Is Perimenopause?

Perimenopause is the transition period leading to menopause, typically beginning in your 40s (sometimes late 30s) and lasting 4-10 years. During this time, your ovaries gradually produce less estrogen, causing hormonal fluctuations that can affect nearly every system in your body.

Common Symptoms

- ☐ Irregular periods
- ☐ Hot flashes & night sweats
- ☐ Sleep disruptions
- ☐ Mood changes & anxiety
- ☐ Brain fog & forgetfulness
- ☐ Weight changes
- ☐ Joint pain
- ☐ Vaginal dryness
- ☐ Low libido
- ☐ Heart palpitations
- ☐ Headaches
- ☐ Fatigue
- ☐ Hair & skin changes
- ☐ Digestive changes

The Stages

Stage	Duration	What Happens
Early Perimenopause	Variable	Cycles become irregular; symptoms begin
Late Perimenopause	1-3 years	Longer gaps between periods; symptoms intensify
Menopause	1 day	12 consecutive months without a period
Postmenopause	Rest of life	Symptoms often ease; new health considerations

Why Journal?

Journaling during perimenopause helps you:

- ☐ Identify symptom patterns and triggers
- ☐ Process complex emotions about this transition
- ☐ Track what helps and what doesn't
- ☐ Communicate clearly with your healthcare provider
- ☐ Build self-awareness and self-compassion
- ☐ Remember that you are not alone in this experience

Remember: Perimenopause is not a disease. It is a natural biological transition. You deserve support, understanding, and excellent care during this chapter of your life.

Day 1

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: What is one thing about this transition that nobody warned you about? How are you handling it?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 2

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: How has your relationship with your body changed over the past few years? What would you say to your body right now?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 3

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: What is something you used to do easily that now feels harder? How can you give yourself grace about it?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 4

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale

1 2 3 4 5 6 7 8 9 10 *1=struggling • 10=thriving*

Reflection: Who in your life truly understands what you're going through? If no one, what would you want them to know?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 5

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: Describe a moment this week when you felt strong or capable, despite everything your body is going through.

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 6

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: What does "self-care" actually mean to you right now -- not the Instagram version, but the real, unglamorous kind?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 7

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: If you could go back and tell your younger self one thing about aging and hormones, what would it be?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 8

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: What boundaries do you need to set (or reinforce) to protect your energy during this season of life?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 9

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale

1 2 3 4 5 6 7 8 9 10 *1=struggling • 10=thriving*

Reflection: How has perimenopause affected your work or professional life? What adaptations have you made?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 10

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: Write about a woman you admire who has navigated aging with honesty or grace. What can you learn from her?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 11

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale

1 2 3 4 5 6 7 8 9 10 *1=struggling • 10=thriving*

Reflection: What has surprised you most about perimenopause -- something you never expected, good or bad?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 12

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: How has your relationship with food and eating changed? What does nourishing yourself look like now?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 13

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: What does movement and exercise look like for you now versus five years ago? How do you feel about that shift?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 14

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: How has perimenopause affected your closest relationships? What conversations still need to happen?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 15

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: What is one thing you have stopped tolerating since entering this phase of life? How does that feel?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 16

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: Write a letter to anxiety or brain fog. What would you say to this unwelcome companion?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 17

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: What does your ideal "next chapter" look like? What dreams or goals are emerging as priorities shift?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 18

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: How do you feel about the medical care you've received for perimenopause? What do you wish was different?

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 19

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: What is one thing about yourself that has actually improved or deepened with age? Celebrate that.

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Day 20

Date: _____

Today's Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart palpitations |

Other: _____

Mood Scale



Reflection: Write a compassionate message to yourself. What do you need to hear right now? Give yourself permission to feel it all.

Your Thoughts:

Gratitude

Three things I'm grateful for today:

Tomorrow's Intention

One thing I want to prioritize tomorrow:

Monthly Reflection

Month: _____ Date Completed: _____

Symptom Review

Which symptoms were most frequent this month?

Top 3 Symptoms:

Mood Patterns

Average Mood Rating (1-10):

Best Day — What Made It Good?

What Helped Most?

Strategies, supplements, habits, or people that made a difference:

What I Learned About Myself

Key insights from 20 days of journaling:

What I Want to Change or Try Next Month

A Word or Phrase to Carry Forward

Resources & Support

Books

Title	Author	Focus
The Menopause Manifesto	Dr. Jen Gunter	Evidence-based menopause guide
What Fresh Hell Is This?	Heather Corinna	Perimenopause survival guide
The New Menopause	Dr. Mary Claire Haver	Nutrition & lifestyle approach
Estrogen Matters	Dr. Avrum Bluming	HRT research & evidence
Next Level	Dr. Stacy Sims	Exercise for midlife women

When to See Your Doctor

- ☐ Periods are extremely heavy or lasting longer than 7 days
- ☐ Bleeding between periods or after sex
- ☐ Symptoms significantly affect your daily life
- ☐ You experience depression, persistent anxiety, or suicidal thoughts
- ☐ Heart palpitations are frequent or concerning
- ☐ You want to discuss HRT or other treatment options

Types of Healthcare Providers

Provider	What They Offer
OB-GYN	Hormone testing, HRT prescriptions, reproductive health
Menopause Specialist (NAMS-certified)	Expert-level menopause management
Endocrinologist	Complex hormone imbalances
Therapist / Counselor	Emotional support, anxiety, mood changes
Registered Dietitian	Nutrition for hormonal health

Helpful Questions for Doctor Appointments

- ☐ Am I in perimenopause? What tests can confirm this?
- ☐ What are my options for managing [specific symptom]?
- ☐ Am I a candidate for hormone replacement therapy?
- ☐ What are the risks and benefits of HRT for my situation?
- ☐ Are there non-hormonal options I should consider?
- ☐ What supplements have evidence behind them?
- ☐ When should I come back for a follow-up?

You are not imagining this. Your symptoms are real. You deserve care and support. Perimenopause is a significant biological event, and seeking help is a sign of strength, not weakness.