Healthcare Advocacy Worksheet for Perimenopause

Use this worksheet to prepare for your next doctor visit, organize your thoughts, and advocate for your health with clarity and confidence.

Section 1: Symptom Tracke

Instructions: Record your top symptoms over the past 2–4 weeks.

Symptom	Frequency (daily/weekly)	Severity (lowest 1–10 highest)	Notes (Triggers, Time of Day, etc.)
Hot flashes / Night sweats			
Mood swings / Irritability			
Fatigue / Low energy			
Brain fog / Memory issues			
Anxiety / Depression			
Sleep disturbances			
Irregular periods			
Vaginal dryness / Pain			
Low libido			
Weight changes			

Section 2: Health Goals
Instructions: Write down your top 3 health priorities for this visit.

? Section 3: Questions for Your Provider

Use this checklist or add your ow	n questions below:					
 □ Could my symptoms be related to perimenopause? □ What lab tests or screenings do you recommend? □ Are there non-hormonal treatments I can consider? □ What are the pros and cons of hormone therapy for me? □ Should I monitor my hormone levels? How often? □ Are there lifestyle changes you recommend? □ Can you refer me to a certified menopause specialist? 						
Additional questions:						
Section 4: Your Preferences						
What are your care preferences	s? Check any that apply.					
$\ \square$ I prefer to try natural or lifestyle-based options first						
☐ I'm open to hormone therapy if appropriate						
☐ I'd like to avoid unnecessary prescriptions						
☐ I want to explore integrative / root-cause approaches						
☐ I need clear explanations and shared decision-making						
Section 5: Follow-Up Plan						
What We Discussed	Next Steps / Notes	Timeline				
Lab tests / screenings						
Treatment options (natural or Rx)						

Tip: Bring this completed worksheet to your next visit to stay focused and make the most of your time with your provider.

Lifestyle changes / referrals

Next appointment