

# PERIMENOPAUSE SYMPTOM CHECKLIST & REFLECTION JOURNAL

Understand your body. Prepare for your next step. Empower your wellbeing.



# THE SYMPTOM CHECKLIST

## Mental & Emotional

Symptom	Frequency	Notes (Duration, Severity, Impact etc..)
Brain fog: concentration/memory/loss of words		
Irritability/short fuse		
Anxiety or panic attacks		
Depression or low mood		
Loss of motivation/enthusiasm ("mojo")		
Emotional eating or appetite changes		
Increased use of chocolate, alcohol, gambling, etc.		
Feeling more teary or emotionally sensitive		

# Neurological / Sensory Changes

Symptom	Frequency	Notes (Duration, Severity, Impact etc..)
Vertigo or dizziness		
Tinnitus (ear ringing)		
Headaches or migraines (with or without aura)		
Tingling or crawling skin sensations		
Visible veins/capillaries		

# Cardiovascular

Symptom	Frequency	Notes (Duration, Severity, Impact etc..)
Heart palpitations (racing or pounding at rest)		
Hot flushes/night sweats		
Increased body odour		

# Bladder & Urinary

Symptom	Frequency	Notes (Duration, Severity, Impact etc..)
Frequent urination		
Incontinence with coughing/sneezing/jumping		
More frequent UTIs		

# Menstrual & Sexual Health

Symptom	Frequency	Notes (Duration, Severity, Impact etc..)
Period changes (frequency, flow, duration)		
Breast tenderness		
Low libido		
Painful sex		
Vaginal dryness or irritation		

# Sleep

Symptom	Frequency	Notes (Duration, Severity, Impact etc..)
Trouble falling or staying asleep		
Night waking due to pain or restlessness		

# Muscles, Joints & Bones

Symptom	Frequency	Notes (Duration, Severity, Impact etc..)
Joint pain (where and when?)		
Frozen shoulder (one or both?)		
Muscle aches or cramps		
Tendon/ligament issues (e.g., tennis elbow)		
Bone health or osteoporosis history		

# Digestive & Weight

Symptom	Frequency	Notes (Duration, Severity, Impact etc..)
Bloating		
Constipation		
Heartburn		
Weight gain		
Fluid retention (e.g., puffy ankles)		

# Skin & Hair

Symptom	Frequency	Notes (Duration, Severity, Impact etc..)
Dry/itchy skin, eyes, or mouth		
Skin feeling looser/stretchier		
Increased skin tags		
Hair thinning on head		
Chin/lip hair growth		

Notes:

# THE SYMPTOM CHECKLIST

Pause. Reflect. Reclaim.

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Top 3 symptoms affecting your daily life

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When did they begin?

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What have you tried? What's helped and what hasn't?

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How do these symptoms impact your mood, work, or confidence?

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What would you like support with?

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You can take this to your Dr as is, or if you want to work 1 - 1 with Mani, choose a package - see last page

# THE SYMPTOM CHECKLIST

## Prepare for the Conversation

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What do I want to discuss with Mani?

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Next Steps - if you would like to work with Mani

1. Email your answers to [midlifewithmani@outlook.com](mailto:midlifewithmani@outlook.com)
2. Choose your coaching/mentoring package with Mani
3. Get started on taking control of your perimenopause journey

**FOLLOW MIDLIFE WITH MANI**



MidlifeWithMani



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MidlifeWithMani



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# YOU DON'T HAVE TO GO THROUGH THIS ALONE



“You aren’t meant to do this alone, it’s lonely, confusing and expensive. That’s where I can help. Let me partner with you to help you understand your results, build an achievable plan, and have someone in your corner who can educate you on what you need to know based on your symptoms. You don’t need to know everything!”

*Mani*  
xx

Forewarned: Confusion to Clarity	1 session	\$149.00
Forearmed: Self Advocacy	3 sessions	\$299.00
Formidable: Being in Control and Planning Next Steps	6 sessions	\$799.00

To get started email: [midlifewithmani@outlook.com](mailto:midlifewithmani@outlook.com)