

LOZEN ADVISORY

Symptom Literacy Checklist

Understanding Your Perimenopause Experience

A self-assessment tool for identifying, tracking,
and advocating around your symptoms.

PURPOSE

This checklist helps you identify and track the 12 symptom categories of perimenopause. Use this to advocate with your healthcare providers and prioritize your support strategies.

HOW TO USE

1. Rate each symptom category on the severity scale (0-3)
2. Note when symptoms are worst (time of day, cycle phase, situations)
3. Identify your top 3 priority areas for support
4. Update monthly to track patterns and changes

SEVERITY SCALE

- 0 = Not Experiencing** - This symptom category doesn't apply to me right now
- 1 = Mild** - Noticeable but not significantly impacting daily life or work
- 2 = Moderate** - Regularly impacting daily activities, work performance, or quality of life
- 3 = Severe/Disruptive** - Significantly impacting ability to function, work, or maintain quality of life
-

THE 12 SYMPTOM CATEGORIES

1. TEMPERATURE DYSREGULATION

What it looks like: Hot flashes, night sweats, chills, feeling overheated in normal temperatures, needing to constantly add/remove layers

0 1 2 3

When is it worst?

Time of day: _____

Part of menstrual cycle (if still cycling):

Situations/triggers: _____

Notes (how this impacts you):

2. SLEEP DISRUPTION

What it looks like: Difficulty falling asleep, waking at 3am and can't get back to sleep, waking multiple times per night, feeling exhausted despite sleeping 7-8 hours, vivid dreams/nightmares

0 1 2 3

When is it worst?

Time of day: _____

Part of menstrual cycle (if still cycling):

Situations/triggers: _____

Notes (how this impacts you):

3. COGNITIVE CHANGES

What it looks like: Brain fog, forgetting words mid-sentence, walking into rooms and forgetting why, difficulty concentrating, slower processing speed, feeling "not sharp"

0 1 2 3

When is it worst?

Time of day: _____

Part of menstrual cycle (if still cycling):

Situations/triggers: _____

Notes (how this impacts you):

4. PELVIC/VAGINAL HEALTH

What it looks like: Vaginal dryness, painful sex, UTI frequency increase, vaginal irritation, changes in discharge, discomfort with exercise or sitting

0 1 2 3

When is it worst?

Time of day: _____

Part of menstrual cycle (if still cycling):

Situations/triggers: _____

Notes (how this impacts you):

5. JOINT PAIN & INFLAMMATION

What it looks like: Sudden onset wrist/hand/knee/shoulder pain, stiffness (especially in morning), swelling in hands, difficulty gripping or typing, frozen shoulder

0 1 2 3

When is it worst?

Time of day: _____

Part of menstrual cycle (if still cycling):

Situations/triggers: _____

Notes (how this impacts you):

6. DIGESTIVE CHANGES

What it looks like: Bloating (especially after meals), constipation, sudden food intolerances (dairy, gluten), gas, changes in bowel patterns, feeling uncomfortably full

0 1 2 3

When is it worst?

Time of day: _____

Part of menstrual cycle (if still cycling):

Situations/triggers: _____

Notes (how this impacts you):

7. BODY ODOR CHANGES

What it looks like: Deodorant that worked for years suddenly doesn't work, body odor is stronger or different smell, increased sweating in stressful situations, needing to reapply deodorant multiple times per day

0 1 2 3

When is it worst?

Time of day: _____

Part of menstrual cycle (if still cycling):

Situations/triggers: _____

Notes (how this impacts you):

8. MENTAL HEALTH SHIFTS

What it looks like: Sudden panic attacks, rage episodes (especially before period), crying spells, feeling on edge, low mood, irritability, feeling like "I'm going crazy"

0 1 2 3

When is it worst?

Time of day: _____

Part of menstrual cycle (if still cycling):

Situations/triggers: _____

Notes (how this impacts you):

9. HAIR CHANGES

What it looks like: Hair thinning on head (especially at part line or temples), hair falling out in shower, hair texture changes, facial hair growth (chin, upper lip), eyebrows thinning

0 1 2 3

When is it worst?

Time of day: _____

Part of menstrual cycle (if still cycling):

Situations/triggers: _____

Notes (how this impacts you):

10. SKIN CHANGES

What it looks like: Sudden acne (especially jawline), very dry skin despite moisturizing, crepey texture, hyperpigmentation, increased sensitivity to products, skin that looks "tired"

0 1 2 3

When is it worst?

Time of day: _____

Part of menstrual cycle (if still cycling):

Situations/triggers: _____

Notes (how this impacts you):

11. WEIGHT/BODY COMPOSITION CHANGES

What it looks like: Weight gain (especially around waist), losing muscle definition despite exercise, clothes fitting differently (even if weight unchanged), feeling "thick" in middle, metabolism feeling slower

0 1 2 3

When is it worst?

Time of day: _____

Part of menstrual cycle (if still cycling):

Situations/triggers: _____

Notes (how this impacts you):

12. CARDIOVASCULAR SYMPTOMS

What it looks like: Heart racing for no reason, feeling heart "skip a beat," pounding heartbeat when lying down, blood pressure changes, chest tightness or discomfort

0 1 2 3

When is it worst?

Time of day: _____

Part of menstrual cycle (if still cycling):

Situations/triggers: _____

Notes (how this impacts you):

YOUR TOP 3 PRIORITY AREAS

Based on your ratings above, identify your top 3 symptom categories to focus on:

PRIORITY #1: _____

Why this is a priority: _____

How this impacts your work/life:

PRIORITY #2: _____

Why this is a priority: _____

How this impacts your work/life:

PRIORITY #3: _____

Why this is a priority: _____

How this impacts your work/life:

TRACKING OVER TIME

Date Completed: _____

Current Menstrual Status:

- Still cycling regularly
- Irregular periods
- No period for 3-12 months
- No period for 12+ months (postmenopausal)
- Medically-induced menopause
- Surgical menopause

Overall Symptom Severity (average across all categories):

- Mostly mild (1-2 symptoms rated 2-3)
 - Moderate (3-5 symptoms rated 2-3)
 - Severe (6+ symptoms rated 2-3, or any rated 3)
-

HOW TO USE THIS CHECKLIST

With Your Healthcare Provider:

- Bring this completed checklist to appointments
- Use it to show patterns over time (update monthly)
- Reference specific categories when advocating for tests or treatment
- Don't let providers dismiss symptoms as "just stress" - point to the data

For Yourself:

- Update monthly to track changes
- Notice patterns (do symptoms worsen at certain times?)
- Prioritize which symptoms to address first
- Celebrate improvements as you implement strategies

With Your Medical Advocacy Binder:

- Keep completed checklists in your binder
 - Compare month-to-month to show patterns
 - Use as evidence when providers question severity
 - Track which interventions help which symptoms
-

IMPORTANT REMINDERS

- ✓ All of these symptoms are REAL. You're not making this up.
 - ✓ Perimenopause is whole-body. It's not just hot flashes and mood swings.
 - ✓ Your symptoms deserve support. Even if "all women go through this," you still deserve help.
 - ✓ Providers should listen. If they dismiss you, that's a provider problem, not a you problem.
 - ✓ This is temporary. Symptoms shift and change. What's severe today may improve with support.
-

NEXT STEPS

1. Complete this checklist and identify your top 3 priority areas
 2. Start tracking your top 3 priorities daily (simple notes, nothing fancy)
 3. Set up your Medical Advocacy Binder with this checklist as the foundation
 4. Bring this to your next provider appointment and use it to advocate
 5. Schedule a MAPS BlueprintSM session at lozenadvisory.com/booking to build your personalized strategy
-

Lozen Advisory LLC

lozenadvisory.com