

JOURNAL & SYMPTOM TRACKER

Menopause *Mapping*

JOINING THE DOTS

*A menstrual health tool kit
with a whole person approach*





A MENOPAUSE EVOLUTION

“ the change in the way we educate people about menstrual health across lifespan and generations

Made possible thanks to



✉ info@menopausegroup.org



🌐 www.menopausegroup.org

Company no. 13547024



The Missing Menopause Memo

INTRODUCTION

Menopause is not something that just happens out of the blue. It's actually part of the plan from the moment two chromosomes unite. The story starts with menstrual health which comes a long time before menopause health.

- Menstrual health is every day of the menstrual cycle, not just the 7 days you bleed during a period.

Therefore we really do need to talk about it in the same way as we do about brushing our teeth.

The time has come to place menstrual health at the centre of everything and integrate it with health, relationships and professional lives.

Learning about menstrual and menopause health allows people to make conscious decisions on how personal hormone health can be managed, over a lifetime.

MENSTRUAL HEALTH IS DEFINED AS:

"A STATE OF COMPLETE PHYSICAL, MENTAL, AND SOCIAL WELL-BEING AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY, IN RELATION TO THE MENSTRUAL CYCLE." (2019)

LET'S DO IT!



HOW TO USE THIS JOURNAL

Use the following pages to identify which menopause symptoms you are noticing now or in the past. Make note of sensations or physical changes that may not be on the suggestion list. This additional information will be helpful during any discussion with regard to symptom management and consequences. (scroll to the end to find the ink-friendly versions)

The symptom and tracker pages are particularly helpful for perspective, and when you're just starting out on identifying how you feel they can help you find the words you're looking for. Once you have a benchmark and recognise the differences you may find the food & mood diary enough to keep a track of your menopause experience.



Symptom list (signs & indicators)

Symptoms can be vast, but they are also relevant to you. There are physical and psychological symptoms and quite often we use different words to explain how we are feeling, compared to the person next to us. Add as much detail as you can and in the notes include words that suit you. Add your own symptoms too, there could be some we haven't even thought of! They may not be related to hormonal decline but are still worth adding because this is all about YOU.



Daily Tracker & Weekly Overview

Tune into you. On a daily basis, how many symptoms do you think you felt? Was there a standout sensation on a certain day? How was the week overall? As you complete the tracker week by week, you will be able to reflect on how things change, for better or worse.

Patterns are really helpful to develop your own menstrual health toolkit. There may be things that work one month, but don't the next. That's fine. Remember menopause is a dynamic process and we still have metabolic flexibility at this time in our lives. Heck, it may well be the only thing that is flexible!








The Bigger Picture

Awareness and perspective are huge mindset assets to empower you on this journey. Additionally, the choices you make now will support you in the future. Some weeks it may be the simplest things that make a big difference. It's important to hold on to the fact that you are taking action and you are stepping into this. The charts are not there to highlight flaws, but more to shine a light on your progress.

A GLOSSARY OF TERMS

The words used in this journal may be unfamiliar to you. Some of them are indeed made up, but all are used with the single aim of making the whole hormone highway relevant and meaningful to YOU.

-  **Hormone Highway or Menstrual Health Timeline**
Both are used to denote the time frame from the day periods start, to the day they stop and beyond.
In this journal, I use the word 'typical' to represent the usual pattern most menstruators follow, but there are atypical, early, chemically induced, and surgical versions of the timeline also.
-  **Menopause Maths**
The simplified version of the usual or typical timeline a menstruator may experience certain ovarian events.
-  **Menopause Mapping**
Where are you now, where are you going and how are you getting there?
-  **Menstrual or Menopause health toolkit**
The tools of the trade as a menstruator for every single day of your life. Menopause is a small subsection of the entire journey so in order to encourage everyone to approach the topic with a lifetime lens, a Menstrual health toolkit is preferred over a Menopause toolkit during most conversations.
-  **Menopausal**
The action of moving along the hormone highway from periods to perimenopause and beyond. Menopause is actually one day or moment in time, and doesn't reflect the process, so if we turn menopause into a verb it makes more sense.

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|---|---|---|
| <input type="checkbox"/> Hot flushes and night sweats | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Joint aches and pains |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low mood/sad |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Palpitations |
| <input type="checkbox"/> Bloating | <input type="checkbox"/> Headaches | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Extra facial hair | <input type="checkbox"/> Loss of libido |
| <input type="checkbox"/> Tinnitus | <input type="checkbox"/> Weak bladder | <input type="checkbox"/> Memory lapses |
| <input type="checkbox"/> Irregular periods | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Difficulty concentrating |
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| <input type="checkbox"/> Tender breasts | <input type="checkbox"/> Vaginal dryness | <input type="checkbox"/> Emotional |

Notes:

<input type="checkbox"/> Change in body odour	<input type="checkbox"/> Burning tongue/mouth	<input type="checkbox"/> Electric shocks
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Notes:

WEEK OF _____

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

GLIMMERS (WHAT FELT GOOD)



TRIGGERS (WHAT FELT MEH)

NOTES:






























































































































































































DATE _____

SYMPTOM

WEEK 1

WEEK 2

WEEK 3

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MENSTRUAL MATHS

From birth to death sex hormone levels change in patterns. There are monthly patterns, called the menstrual cycle, and lifetime patterns referred to as reproductive aging. Both are driven by ovarian activity.

See below the 'typical' time frames (based on living from 0 to 100!)



Puberty is when periods usually start aged ~11

The ovaries are programmed to experience 400-450 cycles over a total of ~40 years. The early cycles are intermittent but settle into a 'regular' pattern until the late 30s

Premenopause

When ovarian activity is changing after the late 30s but no obvious signs and indicators of the change can be felt.

Perimenopause (aka menopause transition)

The time before menopause day represents the last ~7-10 years of ovarian activity. The ovarian cycles often become intermittent. Signs and indicators are likely to be experienced.

Periods stop on Menopause Day

$11 + 40 = 51$ - the average age of menopause

Postmenopause is the day after Menopause Day

$\text{Menopause day} + \infty = 51 + \infty$

Postmenopause
The rest of your life

Premenstruation
Age 0 - 10

Menstruation
Age 10-37

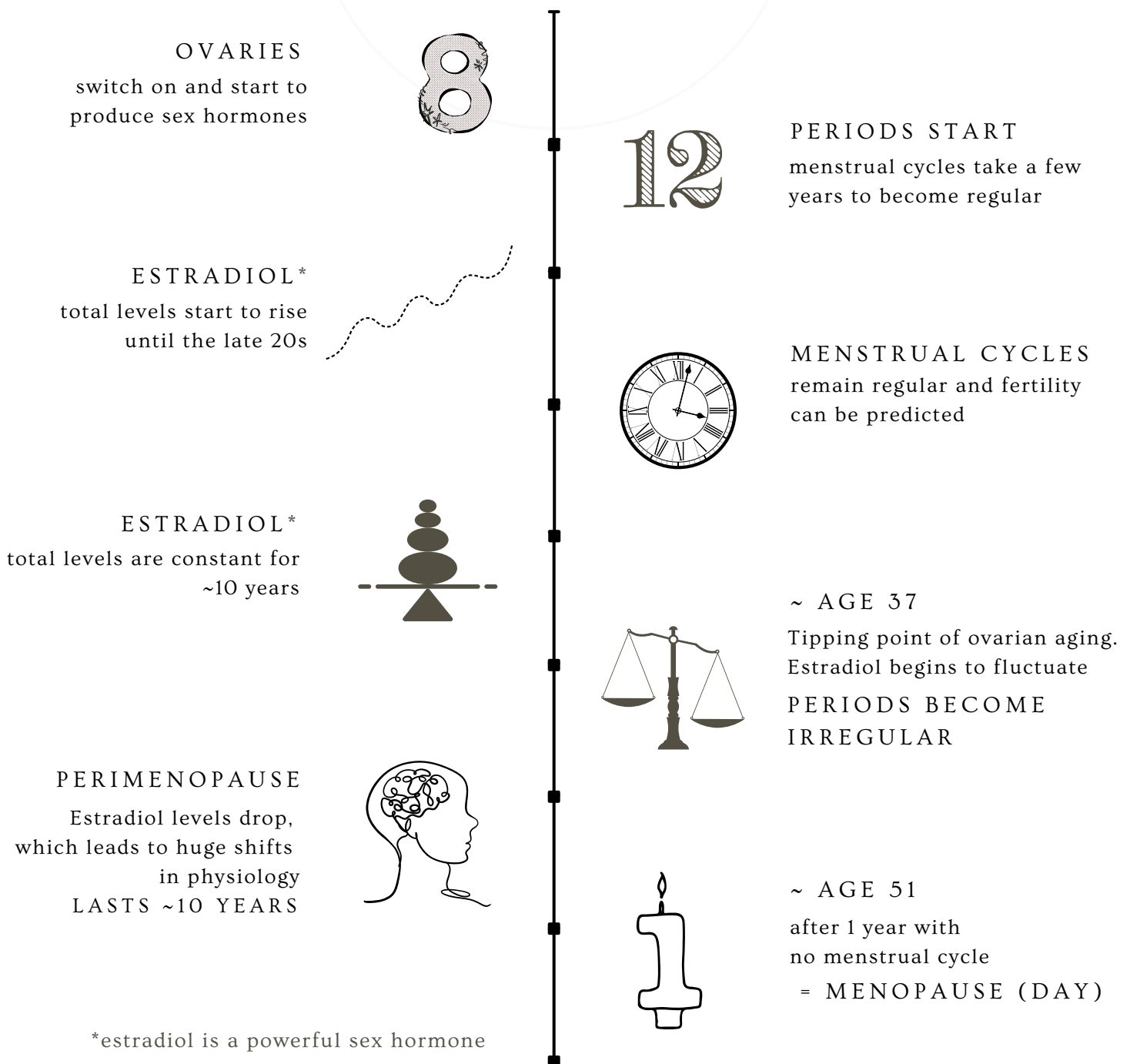
Premenopause
Age 37 -41

Menopause Day
Age 51

Perimenopause
Age 41-51

THE MENSTRUAL HEALTH TIMELINE

Another way to view the hormone shifts is as a timeline of hormonal events that are forecast the moment chromosomes unite.



Postmenopause
Estradiol levels are low and remain this way

HOW DOES A FOOD & MOOD DIARY HELP?

Keeping a food mood diary is a useful resource, primarily for yourself, but also for anyone you seek support from. Recording feelings, activities, and blood flow gradually builds your own journey blueprint.

When people ask "How long does menopause last?" or "Where am I on the journey?", initially we need to act as hormone detectives. The only thing we know for sure is that your periods will stop - but we can't predict when. However joining a few familiar dots will enable us to draft a possible pathway, past, present, and future. It may sound strange, but lots of what happens next will be based on retrospective indicators.

Perspective is a great mindset tool.

Symptoms can be so varied and persistent that we become overwhelmed. These sensations can add anxiety to an already challenging situation. You will probably find patterns and sequences that will ease your mind and hopefully show that most symptoms are NOT there all the time. This alone can be a huge relief and boost your meno-morale. Relative comparisons week on week, month on month will also help gauge treatment options, management, and adaption of the next steps for YOU.

How to use the diary sheets

Print out copies, or include the headings in your own journal. I use a '**marks out of 5**' annotation for each category of food, mood, movement, and sleep. If you prefer use words. Whichever way you find easiest the purpose is to see at a glance if it was a good day or a not-so-good day, in relative terms. Which part of the meno-toolkit are you finding hard to do? Which bits are coming easily and helping? What steps can you take to make it all work better?

What is a 5 compared to a 1?

Food - it's the quality, not the quantity, of calories that matters.

5 = real food, great quality fuel with a rich of nutrients

1 = fake food of poor quality (processed) and low nutrient value

Mood - subjective to you clearly, but really tune into feelings such as happy/sad/OK/good, etc.

Movement - it may be as simple as did you actually move today or not.

Sleep - how was last night's sleep? Peaceful, disturbed, short, long, etc.




Water/Caffeine/Alcohol

Tick or colour in the water drops if you drank enough fluid (1L minimum). Plain water is best, but also count herb teas. Caffeine may be a trigger for symptoms so record whether it was a little or a lot that day. And do try and keep all caffeine consumption to before 12pm. Alcohol may trigger symptoms, and too much will overload the liver when it's already working hard to keep us alive.

WEEK OF _____




MONDAY

FOOD
MOOD
MOVEMENT
SLEEP






TUESDAY

FOOD
MOOD
MOVEMENT
SLEEP






WEDNESDAY

FOOD
MOOD
MOVEMENT
SLEEP





THURSDAY

FOOD
MOOD
MOVEMENT
SLEEP






FRIDAY

FOOD
MOOD
MOVEMENT
SLEEP






SATURDAY

FOOD
MOOD
MOVEMENT
SLEEP



SUNDAY

FOOD
MOOD
MOVEMENT
SLEEP



BEST BITS OF THE WEEK

HARD BITS THIS WEEK

MENSTRUAL CYCLE NUTRITION

Food can have a really powerful impact on our menstrual cycles; supporting ovulation, sex hormone production and menstrual health, by providing nutrients and calming inflammation. Foods do not directly influence sex hormone levels involved in menstrual health, but they can help the body function better, which ultimately has a whole-person affect.

1

WEEK ONE



2

WEEK TWO



OESTROGEN IS LOW AND NOT YET RISING. PROGESTERONE IS ABSENT. ENERGY COULD BE LOW. APPETITE LOW. EMOTIONS RANK ON THE INSIGHTFUL LEVEL AND JOURNALING IS RECOMMENDED AT THIS POINT TO MAINTAIN PERSPECTIVE.

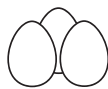
Keep protein levels moderate, such as one or two meals a day with protein as the focus.

Slow-acting carbs. Aim for low-sugar fruits and ones that are high in Magnesium e.g – grapes, figs and banana

Vegetables are always a good thing aim for ones higher in iron e.g. broccoli and any green veg turned into a soup.

Keep fats low in amount and naturally sourced.

Keep food choices simple and not too heavy digestion-wise. Look to nature's kitchen and try ingredients such as turmeric that are anti-inflammatory & calming



OESTROGEN IS STARTING TO RISE. PROGESTERONE IS STILL ABSENT. ENERGY INCREASE AND WE QUITE OFTEN HEAR OURSELVES SAYING 'BACK TO NORMAL'. APPETITE RISING. EMOTIONS RANK ON THE ASSERTIVE LEVEL AND JOURNALING IS RECOMMENDED AT THIS POINT TO MAINTAIN FOCUS.

Protein levels can be increased to medium by incorporating in to each meal or increase portion sizes. The type of protein, if you are a meat eater, can be more of the red kind this phase.

Iron-rich foods are still a priority here to replenish sources after blood loss.

In the carbohydrate category you can manage to be more flexible during phase 2 as the increased circulating oestrogens help support insulin sensitivity. This means the carbs you do eat are more likely to be burnt off rather than stored.

If fat burn is something you are looking to optimise this phase is a good time to find it by 'bio hacking'. In which case moderate carbs to slow-acting only e.g veggies.

Keep fats moderate in amount and naturally sourced.



MENSTRUAL CYCLE NUTRITION

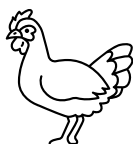
3

WEEK THREE



4

WEEK FOUR



OESTROGEN IS STARTING TO FALL AND PROGESTERONE RISES SHARPLY. ENERGY IS STILL HIGH AT THE BEGINNING OF THIS PHASE BUT THEN WE BECOME MORE RELAXED AS PROGESTERONE KICKS IN. THERE IS AN ILLUSION OF FEELING MORE ENERGETIC BECAUSE THE PROGESTERONE HELPS US HANDLE STRESS BETTER, BUT TRY NOT TO PUSH TOO HARD AS THE NEXT PHASE IS AROUND THE CORNER. APPETITE STILL HIGH, BUT BE PREPARED TO MITIGATE POTENTIAL CRAVINGS IN PHASE 3.

Protein levels can be increased to medium-high by incorporating in to each meal or increase portion size. Lighter proteins like fish and sources of essential vitamins and minerals from nuts and seeds work well this week. Now is a good time to also stock up on consuming nutrient dense foods to minimise cravings and preparing foods to have on standby that are gentle on you for the next phase. Keep fats moderate in amount and naturally sourced.



OESTROGEN IS LOW AND PROGESTERONE IS STARTING TO FALL AND VERY LOW BY THE END OF THIS PHASE. ENERGY IS THERE ONE MINUTE AND GONE THE NEXT. APPETITE IS LOWER THAN PHASE 3. PREMENSTRUAL SYNDROME CAN OCCUR. IT CAN BE TRIGGERED BY THE DROP IN PROGESTERONE BUT ALSO IF YOU ARE LOW IN SEROTONIN, THE BRAIN CHEMICAL RESPONSIBLE FOR STABILISING OUR MOOD.

Have a ready to go supply of easy to consume, tasty meals with moderate protein portions. This helps support the mood-boosting serotonin and foods like bananas are also a good source of minerals at this point.

Carbohydrates that are simple and straightforward work best here. Dark chocolate and dried fruit help to provide nutrients with a hint of sugar to prevent a complete meltdown.

Unless we are prepared this is when cravings can hit us and our appetite increases for the foods that will not serve us well in the next phase. Natural fats sourced from magnesium rich foods such as nuts, seeds and avocado are also helpful and minimise inflammation.



MENSTRUATION AWARENESS

I cannot stress the importance of being fully aware of your menstruation. Length of cycle and blood flow are, in fact, vital signs of health, long before perimenopause. If you can think back to when your periods were regular then make a note of mood, flow and duration that you typically experienced. The more pieces of your hormone jigsaw we have, the easier it will be to adapt the plan. Knowing your 'normal' is a great starting point in any conversation around menopause.

Frequency, duration of bleed and flow variation

Regularity of periods is most often a key feature of menopause transition, so understanding the time stamps of when and how long can be a good indicator of where you are on the journey. The periods rarely become softer, gradually more infrequent and then stop. It's more a case of getting worse before better. However, if the flow is heavy and 'flooding' in a very unpredictable way you may want to consider seeking medical advice. By recording it you know, it's not guess work. Perimenopause can overlap with other additional challenges, so if you have as much data on yourself as possible, rather than 'think so' or 'maybe' the concerns can be addressed more effectively.

How you feel before and after bleeding?

If you are symptom tracking or using the food & mood diary you will probably be able to join the dots between the times before and after periods. For example, do you notice night sweats coincide with the time prior to bleed? Does your insomnia ease off at certain times? Are you more or less energetic? There could be a very subtle difference as to when you experience fatigue or digestive issues for example.

How does this help?

Nutritional variations and changing the way you move at certain times of the cycle can be very beneficial to synchronise with the hormone ebb & flow. When weight gain is such a challenge at this time, knowing that sometimes you just simply need to carb-up to support your hormones and at times you will find fat burn, can go a long way toward your meno-mindset and shape-shifting evolution.











































During the bleed - limit your intake of fatty and salty foods, and drink herbal tea like chamomile to soothe cramps. Depending on how heavy your flow is, you may also benefit from increasing your iron intake around this time.

Follicular phase - after bleeding estradiol starts to rise again and energy increases. Your body is actually more receptive to activities like strength training, so it's a great time to focus on fitness.

The Ovulation phase - is when your estradiol levels reach their peak and start to balance out again when your body releases an egg. You will want to eat foods that support your liver, as these offer health benefits that can protect against environmental toxins known to impact hormones. Anti-inflammatory foods such as whole fruits, vegetables, and almonds will do the trick.

Next the luteal phase - is the time before your period when you will benefit from eating healthily and steering clear of foods that can trigger period cramps, so this is the best time to avoid caffeine, alcohol, added salt, and carbonated drinks.

MONTH _____

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NOTABLE CHANGES

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WHAT WILL YOU PUT IN YOUR MENSTRUAL HEALTH TOOLKIT?

Knowing and doing are two different things. Now we need to take the data and turn it into simple, sustainable actions. What do you want and need to add to your menstrual or menopause toolkit?

Stress reduction

The connection between stress and symptoms is undeniable. So, even before we look at supporting hormonal decline using nutrition, movement, or hormone replacement therapy, dialing down your cortisol levels is a **MUST-DO**.

The simplest way is to add some Vitamin O (aka Oxygen). **I include 'breathe and be still' as the top stress reduction goal as that is non-negotiable.**

Movement

I know how it feels to wake up and not want to move. I know how it feels to ache when you walk downstairs. I know you will not want to add a movement goal but again it's a **MUST DO**. Even a gentle walk will help. Focus on mobility and movement, then upgrade to exercise when you're ready. 10,000 steps a day is a good activity goal, and strength training to maintain muscle mass is also highly recommended.

Nutrition

Eat real food that only has one ingredient e.g. egg, fish, avocado

Processed foods, vegetable oil, seed oils, and sugar are going to increase inflammation. This is not good. Your primary objective with nutrition is to fuel your body with as many nutrients on one plate as possible. Nature not the number of calories counts. Fibre is also important but should come from vegetable sources rather than grains, when possible. Seeds, nuts, and berries are great, but in small quantities. Dairy needs to be 'normal' and not low-fat. Fruit is full of nutrients but sometimes the natural sugar can also be inflammatory and may pose a challenge with weight management. Time-restricted eating, with 3-4 meals spaced out for example in a 10-hour eating window, and no eating for 14 hours, supports a midlife body in all sorts of beneficial ways. e.g breakfast 8am, lunch at 12pm, snack 3pm last meal 6pm.

Menopause Feng-shui

What else needs to change? How can you improve the energy flow in your day, house, work, and relationships?

Sometimes even after adding various tools to your kit some symptoms simply need to be managed, such as hot flushes and night sweats. If they are one of your regulars then perhaps you can try different clothes, fans, locations in the house to sleep etc.

A pragmatic approach may be the best solution.

Vitamin L

Laughter is the best medicine. Finding joy, fun and social connections is a deep-rooted desire and need for humans. However, during this transition, we can become distant and remote. Look out for opportunities to generate some Vitamin L and grab them when you can. You will be surprised how much better you feel, even if everything hurts.

TOP TIPS ON HOW TO FRAME A CONVERSATION WITH A HEALTHCARE PROFESSIONAL

When you decide to seek support from a healthcare professional there are some steps to take prior to the conversation.

Be armed with the facts about yourself. The more constructive information you can provide, prior to and during the consultation will facilitate a positive outcome. In addition, it will enable you to make an informed choice and be confident in the **shared decision-making of your own treatment pathway.**

Things to consider are:

- a.** Keep a symptom diary and a journal of how you are feeling, and the things you are doing to self-help. Try and have this data collected for as long as possible prior to the appointment, even if it's a retrospective list of events, thoughts, and emotions. All of this helps you explain to the healthcare professional why you have come to them.
- b.** A journal enables you to add context to your own personal experience, which on its own can help reduce anxiety and you may find there are items to add to the list you had forgotten about until now. This may start off as a long story in your own words, so be sure to edit it down to the highlights and keep it short and simple when talking to the HCP.
- c.** Sometimes it's helpful to show it to a close friend who can read it objectively and see if it covers the points you wish to make. If you feel anxious about handling the appointment alone you can ask for someone you know to be with you.
- d.** Have your clinical 'vital' statistics at hand such as age, weight, height, and blood pressure. Other historical information is good to have at hand – period frequency (heavy/light) PMS, pregnancy, postnatal depression, migraines, and family history of periods and menopause.
- e.** Try to be confident with your body literacy, which means using the correct words for your anatomy such as labia, vagina, etc

Is HRT for you?

Think about your preferred treatment options for HRT and which you think you would be most likely to use and fit into your lifestyle. There are different ways of taking/using/applying each component of the HRT.

Some are oral – so are you good at taking tablets?

Some are applied to the skin, daily, does that work with your daily activity of showering or a uniform? Will you remember to apply it?

Some are time-released but stay on your skin in a patch – how do you feel about that?

TOP TIPS ON HOW TO FRAME A CONVERSATION WITH A HEALTHCARE PROFESSIONAL

If you still have a womb progesterone is needed as part of the prescription, which comes either in a transdermal patch combined with oestrogen, as a combined pill, as a separate pill, or the Mirena coil.

The oestrogen comes as a transdermal gel (separate or combined), patches, pill (separate or combined), or spray. If you have already reached postmenopause and stopped bleeding you will probably be offered a formula that means you will not bleed. If you are still having periods you will probably be offered a sequential formula so a bleed still occurs in keeping with how your body is responding already.

If you are seeking support via the NHS most surgeries have a woman's health specialist, so ask to speak with them and let the receptionist/triage know the topic of the conversation and if it's your first appointment see if it can be extended beyond the allotted time. If the answer is no, see if there is any other provision for speaking with another team member for longer. What questions do you have about treatment options, complementary therapies, and lifestyle changes?

Things to be aware of

Diagnosis will be made from symptoms, not blood tests if you are over 45 and not on Progesterone-only contraception

If the HCP does not agree with your self-diagnosis and preferred actions, what do they think is the reason for your current health situation, why and what do they recommend?

If the HCP suggests blood tests make sure to clarify what for and what the 'normal' result is that they would expect, and what happens after the test and when.

When the results come in the Care Navigator will only be allowed to say whether they are 'normal' or not, as such you need to know what to do post results so you can take action accordingly.



MONTH _____

STRESS REDUCTION GOALS

● *breathe and be still*



MOVEMENT GOALS



NUTRITION GOALS



NEXT STEPS

FUN GOALS



SCROLL DOWN TO FIND THE
EXTRA TEMPLATES IN A
PRINTER-FRIENDLY FORMAT
THAT USES LESS INK



SYMPTOMS

- | | | |
|---|---|---|
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| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low mood/sad |
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SYMPTOMS

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Notes:

TRACKER

WEEK OF _____

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

GLIMMERS (WHAT FELT GOOD)



TRIGGERS (WHAT FELT MEH)

NOTES:

FOOD & MOOD

WEEK OF _____

MONDAY

FOOD
MOOD
MOVEMENT
SLEEP



BEST BITS OF THE WEEK



TUESDAY

FOOD
MOOD
MOVEMENT
SLEEP



WEDNESDAY

FOOD
MOOD
MOVEMENT
SLEEP



HARD BITS THIS WEEK

THURSDAY

FOOD
MOOD
MOVEMENT
SLEEP



FRIDAY

FOOD
MOOD
MOVEMENT
SLEEP



SATURDAY

FOOD
MOOD
MOVEMENT
SLEEP



SUNDAY

FOOD
MOOD
MOVEMENT
SLEEP



PERIOD TRACKER

MONTH _____

M	T	W	T	F	S	S
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NOTABLE CHANGES

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STRESS REDUCTION GOALS

● *breathe and be still*



MOVEMENT GOALS



NUTRITION GOALS



NEXT STEPS

FUN GOALS

