

Track the pattern, not just the infection

In perimenopause and menopause, UTIs usually aren't random. As estrogen fluctuates and falls, urogenital tissue thins, vaginal pH rises, and the protective bacteria that kept E. coli in check decline. Infection gets easier.

That means the timing of your infections is information. Log each episode here, bring it to your appointment, and the pattern becomes visible to you and to your provider.

IS IT HORMONAL, OR JUST BACTERIAL?

Signs that genitourinary syndrome of menopause (GSM) may be part of what you're feeling, not infection alone:

- ☐ Symptoms come and go with no clear trigger
- ☐ Cultures come back negative despite real burning or urgency
- ☐ New vaginal dryness or discomfort during sex alongside urinary symptoms
- ☐ UTIs started or worsened as your cycles became irregular, or after they stopped

A negative culture alongside real symptoms is a reason to look at your hormones. It is not a dead end.

HOW TO USE THIS TRACKER

- 1 Fill out an Episode Log (page 2) for each infection. Print extra copies, or save a fresh file each time — the form fields are fillable on your phone or computer.
- 2 Mark every infection on the Pattern Grid (page 3), along with where you were in your cycle if you're still cycling.
- 3 Use page 4 to record what you're already doing and what to ask at your appointment.

Episode log

One page per infection. Reprint or re-save as many as you need.

EPISODE #

DATE SYMPTOMS STARTED

SYMPTOMS

- | | |
|--|---|
| ☐ Burning when you pee | ☐ Blood in urine |
| ☐ Urgency | ☐ Lower abdominal pain |
| ☐ Frequency | ☐ Pelvic pressure |
| ☐ Incomplete emptying | ☐ Back or flank pain |
| ☐ Cloudy urine | ☐ Fever or chills |
| ☐ Strong-smelling urine | ☐ Nausea or vomiting |

Fever, chills, back or flank pain, nausea or vomiting can signal a kidney infection. Call your doctor.

SEVERITY

- ☐ Mild — noticeable but manageable ☐ Moderate — affecting daily life ☐ Severe — debilitating

WHERE YOU WERE IN YOUR CYCLE

Skip this if your periods have stopped.

DATE OF LAST PERIOD

CYCLE DAY (IF KNOWN)

- ☐ On my period ☐ Just after ☐ Mid-cycle ☐ Week before ☐ Not sure

IN THE 48 HOURS BEFORE

- | | |
|---|--|
| ☐ Sex | ☐ High stress |
| ☐ Dehydration | ☐ New medication |
| ☐ Held urine a long time | ☐ Missed prevention doses |
| ☐ Travel | ☐ Other |

TESTING & TREATMENT

- ☐ Culture positive ☐ Culture negative ☐ Not tested

ANTIBIOTIC & DOSE

DAYS TO FULL RESOLUTION

Pattern grid

The clearest signal in midlife is timing. Log each infection as it happens. Infections that cluster around hormonal dips point toward GSM rather than bad luck, and that changes what you and your provider should try first.

DATE	CYCLE DAY	TRIGGER	CULTURE	TREATMENT

WHAT I'M NOTICING

Prevention & appointment prep

WHAT I'M USING NOW

VAGINAL ESTROGEN — TYPE

FREQUENCY

☐ UTI Biome Shield, one capsule daily

☐ Second capsule before a known trigger

☐ Methenamine hippurate

☐ Preventive antibiotic

OTHER

QUESTIONS WORTH ASKING

Tick the ones that apply to you, and take this page in with you.

- ☐ Would vaginal estrogen be appropriate for me? (The 2025 AUA guideline covers perimenopausal women too.)
- ☐ Can we culture every episode before I start antibiotics?
- ☐ How does this lab report low bacterial counts?
- ☐ What should I do during the 8 to 12 weeks before vaginal estrogen reaches full effect?
- ☐ Should we check whether I'm emptying my bladder completely?
- ☐ Can I be tested for BV even though I don't have obvious symptoms?
- ☐ If this isn't working in twelve weeks, what's next?

MY OWN QUESTIONS

WHAT WE DECIDED

You are not imagining it, and you did not cause it.

Recurrent UTIs in midlife are a hormonal change, not a hygiene failure. Read more at goodkittyco.com