

Am I in perimenopause?

There is no single test. Hormone levels swing day to day during the transition, so a blood draw on a Tuesday tells you about Tuesday. Perimenopause is identified by pattern and age instead, which means the most useful thing you can bring to an appointment is a few months of your own observations.

Fill this in for three cycles. Most women are surprised by what shows up once it is written down rather than remembered.

WHAT YOU ARE LOOKING FOR

Cycles that get shorter, longer, heavier, lighter or skip entirely. New sleep trouble. Mood shifts that do not match what is happening in your life. And the symptoms almost nobody connects to hormones: joint aches, brain fog, vaginal dryness, urinary urgency, recurrent UTIs.

Perimenopause typically begins in your forties, though it can start in the late thirties. It commonly lasts four to ten years. You can be deep in it while your cycles are still regular.

THREE-CYCLE LOG

MONTH	CYCLE LENGTH	DAYS OF BLEEDING	FLOW: LIGHT / USUAL / HEAVY

Cycle length is the first day of one period to the first day of the next.
A change of seven days or more, repeated, is the classic early signal.

What else changed?

Tick anything you have noticed in the last three months. There is no score and no threshold. The point is to see the whole list in one place, because these get reported one at a time to different doctors and never add up.

COMMONLY RECOGNIZED

- | | |
|---|--|
| ☐ Hot flashes | ☐ Anxiety that feels new |
| ☐ Night sweats | ☐ Low mood |
| ☐ Trouble falling asleep | ☐ Weight changes |
| ☐ Waking at 3am | ☐ Lower libido |
| ☐ Mood changes | ☐ Heavier or irregular bleeding |
| ☐ Irritability or rage | ☐ Headaches or migraines |

RARELY CONNECTED, OFTEN HORMONAL

- | | |
|--|--|
| ☐ Joint aches or stiffness | ☐ Urinary urgency or frequency |
| ☐ Brain fog or word-finding trouble | ☐ UTI symptoms with negative cultures |
| ☐ Vaginal dryness | ☐ Dry eyes or skin |
| ☐ Pain with sex | ☐ Heart palpitations |
| ☐ Recurrent UTIs | ☐ Tinnitus or ear ringing |

ANYTHING ELSE YOU HAVE NOTICED

Recurrent UTIs that began in your forties are worth raising as a hormonal question, not just an infection question.

Taking this to your provider

Bring the log. Three months of written observation changes the conversation more than any description of how you have been feeling.

BEFORE THE APPOINTMENT

Age		Cycles still regular?	
Date of last period		Months of symptoms	
Current medications and contraception			

QUESTIONS WORTH ASKING

- | | |
|---|--|
| ☐ Does this pattern look like perimenopause? | ☐ Should I be treating the urinary symptoms separately? |
| ☐ Is hormone therapy appropriate for me? | ☐ What should I track between now and next time? |
| ☐ What are my non-hormonal options? | ☐ Is a referral to a specialist worth it? |

WHAT THEY SAID

Two things worth knowing. You do not have to wait until periods stop to treat symptoms. And once twelve months have passed without one, any bleeding after that should be evaluated, not assumed to be a late period.