

The Perimenopause Symptom & Cycle Tracker

A practical tool to help you recognize patterns, document changes, and prepare for more productive conversations about your health.

Why track?

During the menopause transition, hormones tend to fluctuate rather than fall in a straight line, so a single blood test or a single bad week rarely tells the whole story. A few weeks of simple notes can show what one appointment can't: how often symptoms happen, how much they affect you, and whether they line up with bleeding or other changes.

Professional organizations encourage this. ACOG suggests noting the dates, length, and type of bleeding for several weeks before a visit, and The Menopause Society notes that tracking bleeding makes changes easier to review.

Regular cycles not required

You don't need a predictable cycle, and you don't need to track ovulation. If you bleed rarely, unpredictably, or not at all — including after a hysterectomy or ablation, or while using hormonal contraception or a hormonal IUD — simply track your symptoms and record any bleeding when it happens.

IMPORTANT TO KNOW

Symptoms such as fatigue, poor sleep, mood changes, brain fog, aches, and cycle changes can come from the menopause transition — and also from thyroid conditions, iron deficiency, sleep disorders, medications, stress, and other causes, or more than one at once. **This tracker cannot diagnose perimenopause or tell these causes apart.** It helps you and your clinician see the pattern clearly.

CONTACT A CLINICIAN PROMPTLY IF YOU NOTICE

- Any bleeding after you have gone 12 months without a period
- Bleeding or spotting between periods or after sex
- Very heavy bleeding — soaking through one or more pads or tampons every hour — or bleeding that lasts more than 7 days
- Cycles shorter than 21 days, or bleeding that is heavier or lasts longer than usual for you
- Significant cycle changes or menopause-type symptoms before age 40
- Symptoms that are severe, rapidly worsening, or don't fit the usual pattern

Seek emergency care if you are soaking a pad or tampon every hour for more than 2 hours in a row *and* have chest pain, shortness of breath, or feel lightheaded or dizzy. If you have thoughts of harming yourself, call or text **988** (Suicide & Crisis Lifeline) or call 911.

How to use it

1. **Daily (pages 2–3).** Rate each symptom 0–3 and mark any bleeding. About two minutes.
2. **As things happen (page 4).** Log bleeding episodes, sleep disruption, and any new medications, supplements, or other changes.
3. **Monthly (page 5).** Spend ten minutes looking for patterns.
4. **Before an appointment (page 6).** Bring two to three months of pages and your questions.

THE RATING SCALE USED THROUGHOUT

0	None
1	Mild — noticeable, but not disruptive
2	Moderate — bothersome; some effect on my day
3	Severe — disrupted my day, work, or sleep

Print pages 2–5 each month, or use the fillable digital version.

Daily log · days 1–16

About two minutes a day. Rate each symptom by how much it bothered you **today**.

MONTH / YEAR

Leave a box blank if you forget a day — patterns still show.

RATING 0 none · 1 mild — noticeable, not disruptive · 2 moderate — bothersome · 3 severe — disrupted my day or sleep

BLEEDING – none · S spotting · L light · M medium · H heavy

Day	Date	Bleeding	Sleep trouble	Low energy / fatigue	Hot flashes / night sweats	Mood / irritability	Brain fog / focus	Head-aches	Joint / muscle aches	Other symptom + rating	Notes
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

“Other” ideas: heart racing or palpitations, anxiety, low libido, vaginal dryness, bladder changes, breast tenderness, bloating, skin or hair changes. Note anything you suspect matters — alcohol, a stressful day, travel, illness, a missed dose.

Daily log · days 17–31

About two minutes a day. Rate each symptom by how much it bothered you **today**.

MONTH / YEAR

Leave a box blank if you forget a day — patterns still show.

RATING 0 none · 1 mild — noticeable, not disruptive · 2 moderate — bothersome · 3 severe — disrupted my day or sleep

BLEEDING – none · S spotting · L light · M medium · H heavy

Day	Date	Bleeding	Sleep trouble	Low energy / fatigue	Hot flashes / night sweats	Mood / irritability	Brain fog / focus	Head-aches	Joint / muscle aches	Other symptom + rating	Notes
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											

“Other” ideas: heart racing or palpitations, anxiety, low libido, vaginal dryness, bladder changes, breast tenderness, bloating, skin or hair changes. Note anything you suspect matters — alcohol, a stressful day, travel, illness, a missed dose.

Cycle & symptom details

Fill in what applies to you. If you aren't having periods, skip the bleeding table unless bleeding or spotting occurs.

Bleeding and spotting episodes

Start date	End date	Days	Heaviest flow S/L/M/H	Notes — clots, flooding, pain, spotting between periods or after sex

Flow and timing changes I noticed

- ☐ Heavier than usual for me
- ☐ Lighter than usual for me
- ☐ Bleeding lasting longer than usual
- ☐ Periods closer together
- ☐ Periods further apart or skipped
- ☐ Spotting or bleeding between periods
- ☐ Bleeding after sex

Sleep disturbances this month

- ☐ Trouble falling asleep
- ☐ Waking during the night
- ☐ Woken by night sweats or feeling hot
- ☐ Waking too early and can't get back to sleep
- ☐ Snoring or pauses in breathing noticed by others
- ☐ Waking unrefreshed most mornings

Nights with poor sleep this month: _____

Symptoms that interfered with daily life

Symptom	How it affected me — work, family, exercise, relationships, sleep	How often

Medications, supplements, and other changes

Date	What changed — started, stopped, or changed dose; contraception; illness; major stress; travel; diet, alcohol, or exercise	Anything I noticed afterward

Monthly pattern review

Ten minutes at the end of each month. Look across your daily log and details pages — you're looking for patterns, not perfection.

MONTH / YEAR

Days with any bleeding or spotting

First day of bleeding this month (if any)

Days since the previous bleeding began

Symptom	Days rated 2 or 3	Pattern I noticed — timing, triggers, time of day
Sleep trouble		
Low energy / fatigue		
Hot flashes / night sweats		
Mood / irritability		
Brain fog / focus		
Headaches		
Joint / muscle aches		
Other:		

Which symptoms occurred most often?

Which affected my daily life the most?

Did symptoms change around bleeding, or with other recognizable patterns — sleep, alcohol, stress, exercise, time of day?

Compared with previous months, things are:

☐ Better ☐ About the same ☐ Worse ☐ Mixed ☐ First month tracking

What has changed?

What questions do I want to discuss with my clinician?

Preparing for a clinical conversation

Bring this page with two to three months of tracker pages. Mark the questions that matter most to you so they get asked first.

Questions you might ask

- ☐ Could my symptoms be related to the menopause transition, something else, or both?
- ☐ Are there other causes worth checking — such as thyroid, iron, sleep, mood, or medication effects?
- ☐ Would any testing be useful in my situation, and how would the results change what we do?
- ☐ Do any of my bleeding changes need further evaluation?
- ☐ What options are there for the symptoms that bother me most, and what are the benefits and risks for me?
- ☐ What should I keep tracking, and when should we follow up?

History to bring

- ☐ Date of my last period and my recent bleeding pattern
- ☐ All prescription and over-the-counter medicines, vitamins, herbs, and supplements, with doses
- ☐ Contraception, past or current hormone use, and any gynecologic surgery (such as hysterectomy or ablation)
- ☐ Past conditions — thyroid, anemia or iron deficiency, migraine, mood, sleep, heart or clotting history
- ☐ Family history, including the age relatives reached menopause
- ☐ Recent lab results and dates of cervical screening and mammogram

My questions and notes

Looking for individualized care?

Genesis Functional Wellness evaluates midlife symptoms in the context of your whole health history — hormones, thyroid, metabolic health, sleep, and more. If you'd like to look at your pattern together, learn more at genesishf.com/conditions/perimenopause-menopause or begin at genesishf.com/start-here.



About this tracker. Educational tool only. It does not diagnose, treat, or replace care from a qualified clinician, and it is not a substitute for prompt evaluation of the warning signs on page 1. Version 1.0 · October 2026. © Genesis Functional Wellness.

Sources

1. American College of Obstetricians and Gynecologists (ACOG). *Abnormal Uterine Bleeding* (FAQ095). Last reviewed August 2025. [acog.org/womens-health/faqs/abnormal-uterine-bleeding](https://www.acog.org/womens-health/faqs/abnormal-uterine-bleeding)
2. ACOG. *Perimenopausal Bleeding and Bleeding After Menopause*. Last reviewed February 2024. [acog.org/womens-health/faqs/perimenopausal-bleeding-and-bleeding-after-menopause](https://www.acog.org/womens-health/faqs/perimenopausal-bleeding-and-bleeding-after-menopause)
3. The Menopause Society. *Perimenopause* (patient education). menopause.org/patient-education/menopause-topics/perimenopause
4. National Institute for Health and Care Excellence (NICE). *Menopause: identification and management* (NG23). Updated April 2026. [nice.org.uk/guidance/ng23](https://www.nice.org.uk/guidance/ng23)
5. Alberta Health Services. *Perimenopause and Menopause Pathway: Before Your Appointment*. Current as of January 2026.