

MENOPAUSE TRANSITION PLAYBOOK

From Confusion to Clarity

YOUR FREE COMPANION KIT

12 Printable Tools

Assessments • Checklists • Frameworks • Scripts • Planners

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menopausetransitionplaybook.com/kit

Print these tools. Fill them in. Retake them at 30, 60, and 90 days. Bring them to your doctor. This kit is yours, use it.

WHAT'S IN YOUR KIT

Tool	Name	From
1	Symptom Self-Assessment	Chapter 1
2	Body Map	Chapter 2
3	Stage Identifier	Chapter 3
4	HRT Decision Framework	Chapter 4
5	Mood Self-Assessment	Chapter 6
6	Cognitive Health Checklist	Chapter 7
7	Silent Risk Screening Checklist	Chapter 8
8	Vaginal Health Action Plan	Chapter 9
9	Doctor Prep Sheet + 5 Scripts	Chapter 10
10	Kitchen Reset	Chapter 11
11	30-Day Sleep Plan	Chapter 12
12	4-Week Exercise Programme	Chapter 13
+	Weekly Check-In Template	Chapter 14

How to use this kit: Print the tools you need (or all of them). Fill them in with a pen. Retake the scored assessments at 30, 60, and 90 days to track your progress. Bring the completed sheets to your medical appointments.

These tools are companions to the book, not replacements. Each one is explained in full in its chapter.

TOOL 1

Symptom Self-Assessment

From Chapter 1: You're Not Losing It

Date completed: ___ / ___ / _____

For each symptom, score yourself: 0 = I don't experience this | 1 = Mild / occasionally | 2 = Moderate / frequently | 3 = Severe / daily or near-daily

Physical Symptoms

Hot flashes or sudden warmth	0	1	2	3
Night sweats	0	1	2	3
Heart palpitations or racing heart	0	1	2	3
Joint or muscle pain	0	1	2	3
Headaches (new or worsening)	0	1	2	3
Fatigue not relieved by rest	0	1	2	3
Weight gain, especially around the midsection	0	1	2	3
Changes in skin (dryness, itching, texture)	0	1	2	3
Digestive changes (bloating, nausea, bowel changes)	0	1	2	3
Breast tenderness	0	1	2	3

Sleep and Energy

Difficulty falling asleep	0	1	2	3
Waking during the night (especially 2am–4am)	0	1	2	3
Waking too early, unable to return to sleep	0	1	2	3
Feeling exhausted despite sleeping	0	1	2	3

Mood and Mind

Anxiety (new or worsening)	0	1	2	3
Low mood or tearfulness	0	1	2	3
Irritability or rage	0	1	2	3
Brain fog or difficulty concentrating	0	1	2	3
Word-finding problems	0	1	2	3
Memory concerns	0	1	2	3
Feeling overwhelmed by things you used to handle	0	1	2	3

Loss of confidence	0	1	2	3
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Intimate and Urinary

Vaginal dryness or discomfort	0	1	2	3
Pain during sex	0	1	2	3
Reduced desire for intimacy	0	1	2	3
Urinary urgency or frequency	0	1	2	3
Recurrent urinary tract infections	0	1	2	3

Periods (if still menstruating)

Irregular cycle length	0	1	2	3
Heavier or longer periods	0	1	2	3
Spotting between periods	0	1	2	3
Periods closer together or further apart	0	1	2	3

YOUR TOTAL: _____ / 90

Above 15 with symptoms spanning more than one category? You're looking at a pattern consistent with hormonal change. This score is your baseline. Retake at 30, 60, and 90 days to track progress.

TOOL 2

Body Map

From Chapter 2: What's Actually Happening to Your Body

Date completed: ___ / ___ / _____

Mark each system: ✓ **affected** or ✗ **not currently affected**. This shows which systems are involved and helps you prioritise chapters.

System	Includes	Key Chapters	✓ / ✗
Brain and mood	anxiety, brain fog, memory, concentration, mood changes	Ch 6, 7	
Sleep	insomnia, night waking, unrefreshing sleep	Ch 12	
Heart and circulation	palpitations, racing heart	Ch 8	
Bones and joints	joint pain, stiffness, bone density concerns	Ch 8, 13	
Gut and metabolism	bloating, weight gain, digestive changes	Ch 11	
Skin, hair, and nails	dryness, thinning, texture changes	Ch 4, 5	
Muscles	weakness, soreness, slower recovery	Ch 13	
Bladder and pelvic floor	urgency, leaking, recurrent UTIs	Ch 9	
Sexual and vaginal health	dryness, pain, reduced desire	Ch 9	
Temperature regulation	hot flashes, night sweats, cold flashes	Ch 4, 5	

How many systems did you mark? _____

3 or more = the Menopause Domino Effect in action. Your symptoms are connected.

TOOL 3

Stage Identifier

From Chapter 3: Where Are You?

Date completed: ___ / ___ / _____

Section A: Your Periods

1. Are you still having periods? Yes No
2. If yes, have your cycles changed in the last 12 months? Shorter Longer Irregular Heavier Lighter Skipped months
3. If no, how many months since your last period? Less than 12 12 or more
4. Did your periods stop due to surgery? Yes No

Section B: Your Age

Current age: Under 40 40–45 46–50 51–55 56+

Section C: Your Symptoms

1. When did symptoms begin? 1–2 years ago 3–5 years ago More than 5 years ago
 2. Are your symptoms: Stable Worsening Improving
-

Interpreting Your Answers

Stage	Key Indicators
Early perimenopause	Still having periods but cycles changing; late 30s to mid-40s; symptoms 1–2 years
Late perimenopause	Significantly irregular cycles; skipping months; 60+ day gaps; symptoms intensifying
Post-menopause	12+ consecutive months without a period (not due to medication/pregnancy)
Premature/early menopause	Under 45, periods stopped or highly irregular; possible POI diagnosis
Surgical menopause	Ovaries surgically removed; post-menopause regardless of age

My likely stage: _____

TOOL 4

HRT Decision Framework

From Chapter 4: The HRT Truth

Date completed: ____ / ____ / _____

This is a thinking tool, not a quiz. Complete it to organise the factors that matter to your decision, then bring it to your doctor.

Section 1: Your Symptoms

Top symptoms affecting quality of life (from your Symptom Self-Assessment):

1. _____ Severity: ____ / 3
2. _____ Severity: ____ / 3
3. _____ Severity: ____ / 3

Have you tried non-medical approaches with insufficient results? Yes No

Section 2: Your Stage and Timing

Within 10 years of menopause onset (or under 60)? Yes No Unsure

My stage (from Tool 3): _____

Section 3: Your Risk Factors

- Any contraindications to HRT? (See Chapter 4 for full list)
- Family history of breast cancer
- Cardiovascular risk factors (high BP, smoking, diabetes, high cholesterol)
- History of blood clots or migraine with aura

Based on risk factors, are non-hormonal approaches (Ch 5) a better fit? Yes No Want to discuss

Section 4: Your Preferences

Comfortable with hormones? Yes Prefer non-hormonal Open to either

Preferred delivery method: Tablet Patch Gel No preference

Section 5: Your Questions for Your Doctor

1. _____
2. _____
3. _____

TOOL 5

Mood Self-Assessment

From Chapter 6: The Anxious Mind

Date completed: ___ / ___ / _____

Rate how often you've experienced this in the past two weeks: 0 = Not at all | 1 = Some days | 2 = Most days | 3 = Nearly every day

Anxiety and Fear

I feel anxious or on edge for no clear reason	0	1	2	3
I experience a sense of dread, especially in the early morning	0	1	2	3
My heart races or pounds unexpectedly	0	1	2	3
I feel panicky in situations that wouldn't have bothered me before	0	1	2	3
I avoid situations or activities because of anxiety	0	1	2	3

Mood and Sadness

I feel sad, flat, or empty	0	1	2	3
I've lost interest in things I used to enjoy	0	1	2	3
I feel hopeless about the future	0	1	2	3
I cry more easily or more often than usual	0	1	2	3
I feel guilty or worthless	0	1	2	3

Irritability and Anger

I feel irritable or short-tempered	0	1	2	3
I have outbursts of anger that surprise me	0	1	2	3
Small frustrations feel overwhelming	0	1	2	3
I feel resentful toward people close to me	0	1	2	3
I feel like I don't recognise my own reactions	0	1	2	3

YOUR TOTAL: _____ / 45

0–15: Mild mood changes. Monitor and use strategies in Chapter 6.

16–30: Moderate mood disruption. Bring these scores to your doctor.

31–45: Severe. Please seek professional support. See crisis resources in the book.

TOOL 6

Cognitive Health Checklist

From Chapter 7: The Brain Fog Breakthrough

Date completed: ___ / ___ / _____

Score yourself: 0 = Not at all | 1 = Rarely | 2 = Sometimes | 3 = Consistently

Movement

I get at least 150 minutes of moderate-intensity exercise per week	0	1	2	3
I include resistance or strength training at least twice per week	0	1	2	3
I move throughout the day rather than sitting for long unbroken periods	0	1	2	3

Nutrition

I eat oily fish at least twice a week (or take omega-3 supplement)	0	1	2	3
I eat at least five portions of vegetables and fruit daily	0	1	2	3
I limit ultra-processed food, added sugar, and excessive alcohol	0	1	2	3

Cognitive Challenge

I am actively learning something new (language, instrument, skill)	0	1	2	3
I regularly engage in complex problem-solving or strategic thinking	0	1	2	3
I maintain diverse social connections and conversations	0	1	2	3

Sleep

I typically get seven to eight hours of sleep per night	0	1	2	3
I wake feeling at least partially rested most mornings	0	1	2	3
I have a consistent sleep-wake schedule, even on weekends	0	1	2	3

Cardiovascular Health

I know my blood pressure and it is within normal range	0	1	2	3
I have had cholesterol and blood glucose checked in the past year	0	1	2	3
I do not smoke	0	1	2	3

YOUR TOTAL: _____ / 45

31–45: Strong brain protection. Maintain and refine.

16–30: Good foundation, room for improvement. Focus on lowest-scoring pillar.

0–15: Significant gaps. Start with movement (largest evidence base). Add one pillar per month.

My lowest-scoring pillar: _____

TOOL 7

Silent Risk Screening Checklist

From Chapter 8: The Silent Risks

Date completed: ___ / ___ / _____

Cardiovascular

- Full lipid panel completed Date: _____ Results: _____
- Blood pressure checked Date: _____ Result: _____
- Blood pressure within normal range (<130/80)
- Home blood pressure monitor set up (if elevated)

Metabolic

- Fasting glucose tested Date: _____ Result: _____
- HbA1c tested Date: _____ Result: _____
- Waist circumference measured Date: _____ Result: _____
- Waist below 80cm / 31.5 inches

Bone Health

- DXA scan completed Date: _____ T-score spine: _____ T-score hip: _____
- Vitamin D level checked Date: _____ Result: _____
- Calcium intake assessed (target: 1,200mg/day)

Risk Factor Review

- Family history of heart disease, osteoporosis, or diabetes discussed with doctor
- Smoking status addressed
- Alcohol intake reviewed
- Exercise level assessed (target: 150 min/week + resistance training)

TOOL 8

Vaginal Health Action Plan

From Chapter 9: The Frank Conversation

Date completed: ___ / ___ / _____

Immediate (This Week)

- Purchase a vaginal moisturiser; use two to three times per week
- If sexually active, try a water-based lubricant (low osmolality, pH close to 4.0)
- Begin pelvic floor exercises: 3 sets slow contractions + 3 sets quick contractions daily

Within the Next Month

- Book a GP or specialist appointment to discuss GSM symptoms
- Request a vaginal health assessment
- Discuss vaginal oestrogen (or alternatives if contraindicated)
- Ask about referral to pelvic floor physiotherapist if needed
- Have one conversation with your partner about what you're experiencing

Ongoing

- Continue vaginal moisturiser and pelvic floor exercises as maintenance
- Monitor urinary symptoms; raise GSM as potential cause of recurrent UTIs
- If desire has changed, discuss with doctor (GSM treatment, hormonal options, counselling)

TOOL 9

Doctor Prep Sheet + 5 Scripts

From Chapter 10: Your Doctor Visit Playbook

Appointment date: ____ / ____ / _____

BEFORE THE APPOINTMENT

- Provider confirmed as menopause-informed (or bringing my file)
- Completed tools gathered (Symptom Self-Assessment, Stage Identifier, others)

My top 3 symptoms by impact:

1. _____
2. _____
3. _____

- Opening script selected and practised (see Scripts 1–5 below)

My 3 specific questions:

1. _____
2. _____
3. _____

- Current medications listed (including supplements)
- Relevant family history noted

DURING THE APPOINTMENT

- Handed over my file / shared my scores
- Used my opening script
- Asked my three questions
- Treatment noted: name, dose, delivery method, review date
- If dismissed: requested documentation of refusal and/or referral

AFTER THE APPOINTMENT

- Written summary within 24 hours
 - Prescriptions started
 - Follow-up booked
 - Baseline Symptom Self-Assessment score noted for comparison
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THE 5 SCRIPTS

Script 1: General Menopause Conversation

"I've been tracking my symptoms for [timeframe] and I believe they're related to perimenopause/menopause. I've completed a symptom assessment, here are my scores. I'd like to discuss treatment options, both hormonal and non-hormonal."

Script 2: Mood and Anxiety

“My mood has changed significantly in the past [timeframe]. My mood assessment score is [number]. I'm aware these symptoms can be driven by hormonal changes during perimenopause, and I'd like to explore that before we discuss medication options.”

Script 3: Screening and Silent Risks

“I'd like to request: a lipid panel, fasting glucose or HbA1c, blood pressure review, and discuss whether a DXA scan is appropriate for my risk profile. I have a screening checklist I've been working through.”

Script 4: GSM and Sexual Health

“I'm experiencing [vaginal dryness / pain / urinary urgency / recurrent UTIs] related to menopause. I'd like to discuss treatment options, including vaginal oestrogen and other approaches.”

Script 5: I've Been Dismissed Before

“I've raised these symptoms before and didn't feel they were fully addressed. I've since done significant research and completed several self-assessments. I'd like to start fresh and have a thorough conversation about my options.”

TOOL 10

Kitchen Reset

From Chapter 11: Eating for Your Hormones

Week 1: The Foundation Swap

- Switch to extra-virgin olive oil as main cooking oil
- Add one tin of oily fish to weekly shop
- Buy one new legume (tinned is fine)
- Start your plant food count (aim for 30 different plants by Sunday)

Week 2: The Gut Health Boost

- Add a fermented food to your regular rotation (e.g. live yoghurt)
- Add ground flaxseed, 1 tbsp daily (yoghurt, porridge, or smoothie)
- Introduce one soy food if you haven't tried it (e.g. edamame)

Week 3: The Supplement Audit

- Check vitamin D status (GP blood test or take 1,000 IU daily baseline)
- Calculate daily calcium intake (food first; supplement if below 1,000mg)
- If not eating oily fish 2x weekly, start omega-3 supplement (1,000mg EPA+DHA)
- Review supplement shelf: keep YES column, consider MAYBES, stop NOs

Week 4: The Pattern Lock

- Use the Plate Principle at most main meals
- Review weekly targets, how many are you hitting?
- Note any symptom changes (retake Symptom Self-Assessment for comparison)

TOOL 11

30-Day Sleep Plan

From Chapter 12: The Sleep Reset

Week 1: Foundation (Environment + Timing)

- Set bedroom temperature to 16–18°C (60–65°F)
- Remove all screens from bedroom; charge phone in another room
- Set a fixed wake time, same every day including weekends
- Get 10–20 minutes of outdoor light within 30 minutes of waking
- Stop all caffeine after midday
- Start a simple sleep diary (bedtime, sleep onset, wakings, wake time, quality 1–10)

Week 2: Build (Behavioural Changes)

- Create a 30-minute wind-down routine (same sequence every night)
- Apply stimulus control: if awake >20 min, get up; return only when sleepy
- Reduce or eliminate evening alcohol (try alcohol-free weeknights as experiment)
- Finish eating at least 3 hours before bed

Week 3: Refine (Supplements + Stress Reduction)

- Start magnesium glycinate (200mg, 1–2 hours before bed; can increase to 400mg)
- Add one evening stress-reduction practice (physiological sigh, PMR, or meditation)
- If falling asleep is the issue, trial low-dose melatonin (0.5–1mg, 30–60 min before bed)
- Review sleep diary: compare Week 3 to Week 1

Week 4: Optimise (Assess + Sustain)

- Evaluate full month of sleep diary data
- Identify which changes made the biggest difference
- If significant improvement: maintain the system
- If persistent issues: bring sleep diary to doctor (see Script in Chapter 12)

TOOL 12

4-Week Progressive Exercise Programme

From Chapter 13: Your Body in Motion

Assumes starting from little or no regular exercise. If already active, skip to the week that matches your level.

Week 1: Foundation

Mon / Thu: Bodyweight Strength (20 min)

- Wall push-ups, 3 × 10
- Bodyweight squats (to a chair if needed), 3 × 10
- Step-ups onto a low step, 3 × 8 per leg
- Standing rows with resistance band, 3 × 10
- Glute bridges, 3 × 12

Tue / Fri: Walking (20–30 min, brisk pace)

Wed / Sat: Flexibility and Balance (15 min)

- Single-leg stands, 30 sec each side × 3
- Gentle yoga or stretching
- Pelvic floor exercises, 3 × 10 holds, 5 sec each

Sun: Rest or gentle walk

Week 2: Build

- Add light dumbbells or increase resistance band tension
- Progress wall push-ups to incline push-ups
- Add deadlift with dumbbells, 3 × 8 (hinge from hips, flat back)
- Increase walks to 30 min; add one 2-min faster burst in the middle
- Progress to eyes-closed single-leg stance

Week 3: Progress

- Increase weight or resistance by a small increment
- Add overhead press, 3 × 8
- Add farmer's carries (heavy dumbbells, 30 metres)
- Add 3 intervals to one cardio session (2 min faster, 2 min recovery)
- Add tandem walking (heel-to-toe), 10 steps × 3

Week 4: Assess and Plan Forward

- Maintain Week 3 intensity; focus on form
- How do you feel vs four weeks ago? Energy, mood, sleep, joint comfort
- Which exercises do you enjoy? (enjoyment predicts sustainability)
- Realistic schedule going forward? (minimum: 2 strength sessions/week)

TOOL +

Weekly Check-In Template

From Chapter 14: The 90-Day Reset

Complete every Sunday evening (or whichever day works). Takes three minutes. Photocopy this page or print multiple copies for your 90-Day Reset.

Question	Week ____
1. Rate overall symptoms this week (1–10, where 10 is worst)	
2. How many nights did you sleep reasonably well? (0–7)	
3. How many strength/exercise sessions did you complete?	
4. What improved this week, even slightly?	
5. What felt hardest this week?	

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YOUR PROGRESS AT A GLANCE

Record your scores here each time you retake the assessments. Seeing the numbers change over time is one of the most motivating parts of this process.

Assessment	Baseline	30 Days	60 Days	90 Days
Symptom Self-Assessment (/90)				
Mood Self-Assessment (/45)				
Cognitive Health Checklist (/45)				
Weekly Symptom Rating (/10)				
Nights of good sleep (/7)				
Exercise sessions per week				

You now have every tool from the Menopause Transition Playbook in your hands. Print them. Fill them in. Retake them. Bring them to your appointments. You are not navigating this alone.

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