

SUPPORT, BALANCE, WELLNESS

# Menopause *Nutrition Journal*

NAVIGATE MENOPAUSE WITH CONFIDENCE



Tracking Your Nutrition for Better Health  
During Perimenopause & Menopause

*by Demi Nasiou*

MIND OVER AGE

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SUPPORT, BALANCE, WELLNESS

# Menopause *Nutrition Journal*

*Tracking Your Nutrition for Better Health  
During Perimenopause & Menopause*

MIND OVER AGE

# Introduction

Going through menopause can feel like a whirlwind of changes. Suddenly, your body starts acting in ways you didn't expect, which can feel overwhelming. It's like you're on a road with many twists and turns without a map.

That's where the "*Daily Food & Reflection Diary*" comes in. It's a guide to help you through this journey, and the main goal is for you to understand what's happening with your body.

***Particularly how your dietary choices impact your feelings, mood and symptoms.***

It's like having a conversation and a deeper connection with your body. You'll notice that some foods might make you feel better, while others might trigger discomfort.

This diary is your space to jot down your meals, symptoms, and thoughts. Over time, you'll start seeing patterns to help you learn what makes you feel good and what doesn't. It's all about getting to know your body better.

Plus, this diary can be a big help when you're working with a qualified professional, making it easier for them to help you through this transition.

It can also be a helpful tool to take with you when you visit your doctor. It gives your doctor a clear picture of what you've been experiencing.

The "*Daily Food & Reflection Diary*" is a simple tool, but it can make a big difference. It's about taking small steps to understand and care for yourself better during menopause. So, as you jot down a few notes each day, you're not just writing; you're taking control, learning, and making this journey a bit easier for yourself.



# Benefits of keeping a Food & Reflection Diary

## 1 Getting to Know Your Food

Food can change how you feel. This diary helps you keep an eye on what you eat and notice which foods make you feel good and which don't.

## 2 Finding Patterns

You might start to see patterns when you write down your symptoms and what you eat. For example, you might find that certain foods trigger hot flashes or mood swings, and you can change your diet to feel better.

## 3 A Quiet Moment

Taking a little time to reflect on your day and jot down your thoughts can be calming. It's a moment for you and might help you feel more in control.

## 4 Learning About Yourself

Over time, you'll learn a lot about how your body reacts to different foods and situations. It's like getting to know yourself better.

## 5 Talking to Your Doctor

When you visit your doctor, having this diary can help you explain what's been going on, making it easier for them to understand and help you.

### Your Concerns:

#### ***Is It Too Much Work?***

- It might seem like a task to fill out a diary every day, but it's for a good reason - ***your well-being***. And once you get used to it, it'll only take a few minutes.

#### ***Will It Really Help?***

- You might wonder if a diary can make a difference. It's a simple tool, but it can give powerful insights to help you navigate menopause more comfortably.

#### ***Is Change Scary?***

- Trying something new can be a bit scary, but small steps like keeping a daily diary can lead to big positive changes in how you feel.

## ***Evening Reflections - Declutter Your Mind***

As the day winds down, it's the perfect time to clear your mind. ***The Evening Reflections section lets you let go of the day's stresses***, jot down your thoughts, and prepare for a peaceful night's sleep. It's like having a quiet conversation with yourself, which can be soothing and help you wake up refreshed and ready for the new day.

***Let's get started...***



# First Steps

## Day 1

(print this page for separate days of week one to record daily information)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Meal Information

Meal Time:

Type of Meal:

Breakfast  Snack  Lunch  Dinner  Late-night snack

Location:

Home  Work  Restaurant  On-the-go

### Food & Drink Details

Food Item

Portion Size

Beverages

### Feelings & Observations

Mood Before Eating

Happy  Relaxed  Sad  Stressed  Neutral  Hungry  
 Not Hungry  Other (please explain) \_\_\_\_\_

Mood After Eating

Satisfied  Still Hungry  Overfull  Guilty  Energised  Sluggish  
 Anxious  Other (please explain) \_\_\_\_\_



# First Steps

## Observations

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- Bloating
- Energy Spike
- Irritability
- Headache
- Skin Reaction
- Other (*space for them to explain*)
- Nausea
- Vomiting
- Constipation
- Diarrhea
- Gas

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## Perimenopausal/Menopausal Symptoms

### Symptoms Experienced

- Hot Flashes
- Sweating
- Night Sweats
- Anxiety
- Bloating
- Fatigue
- Gas
- Brain Fog
- Poor Concentration
- Mood Swings
- Cravings
- Sleep Disturbances
- Vaginal Dryness
- Headache
- Other (please explain)

- Mild
- Moderate
- Severe

### Duration of Symptoms

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- 5 Mins
- 15 Mins
- 1 Hour

### New Symptoms:

*Please explain*

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### Observations:

*Please explain*

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# First Steps

## Physical Activity

**Type of Activity:**

**Duration:**

**Intensity:**

Low     Moderate     High

## Sleep

**Quality of Sleep:**

Excellent     Poor  
 Good     Very Poor  
 Fair

**Hours Slept:**

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**Support System:**

**Stress Management Techniques:**

**Water Intake Tracker:**



**Overall Observations for the Day:**





# Evening Reflections

## *Declutter Your Mind*

As the day ends, take a moment to **reflect on your day**, and use this space to **declutter your mind**. Jot down your thoughts, feelings, and any moments that stood out. **Often referred to as a “brain dump,”** it's a method to understand, process, and release lingering thoughts that have built up throughout the day. Doing so will help to reduce stress and pave the way for a more peaceful night.

### Thoughts/feelings

*Use this space to let go of everything on your mind and write down your thoughts and feelings (from fleeting thoughts to deepest emotions). Writing them down without feeling “judged” helps you understand your feelings and prevents nighttime overthinking as you drift off to sleep.*

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### Highlights and Today's Wins

*What made you smile, feel proud, or brought you a sense of accomplishment today? Celebrate even the smallest wins and what you are especially thankful for here.*

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# Evening Reflections

## *Declutter Your Mind*

### Steps to Prepare For Tomorrow

Consider today's challenges. Which moments or areas is there room for growth or change? What steps can you take for a "better" tomorrow?

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### Rate Your Day

**How would you describe your day on a scale of 1 to 10?**

Use the emojis below as a guide, with 1 representing a difficult day and 10 symbolising an exceptional one...

									
1	2	3	4	5	6	7	8	9	10





# Identifying Triggers

Highlight any foods or drinks that seemed to worsen your symptoms during week one and monitor them closely during this week.

## Day 1

*(print this page for separate days of week two to record daily information)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Meal Information

**Meal Time:**

**Type of Meal:**

Breakfast  Snack  Lunch  Dinner  Late-night snack

**Location:**

Home  Work  Restaurant  On-the-go

### Food & Drink Details

**Food Item**

**Portion Size**

**Beverages**

### Feelings & Observations

**Mood Before Eating**

Happy  Relaxed  Sad  Stressed  Neutral  Hungry  
 Not Hungry  Other (please explain) \_\_\_\_\_

**Mood After Eating**

Satisfied  Still Hungry  Overfull  Guilty  Energised  Sluggish  
 Anxious  Other (please explain) \_\_\_\_\_

2  
WEEK

# Identifying Triggers

Highlight any foods or drinks that seemed to worsen your symptoms during week one and monitor them closely during this week.

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<p><b>Symptoms Experienced</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Hot Flashes</td> <td><input type="checkbox"/> Poor Concentration</td> </tr> <tr> <td><input type="checkbox"/> Sweating</td> <td><input type="checkbox"/> Mood Swings</td> </tr> <tr> <td><input type="checkbox"/> Night Sweats</td> <td><input type="checkbox"/> Cravings</td> </tr> <tr> <td><input type="checkbox"/> Anxiety</td> <td><input type="checkbox"/> Sleep Disturbances</td> </tr> <tr> <td><input type="checkbox"/> Bloating</td> <td><input type="checkbox"/> Vaginal Dryness</td> </tr> <tr> <td><input type="checkbox"/> Fatigue</td> <td><input type="checkbox"/> Headache</td> </tr> <tr> <td><input type="checkbox"/> Gas</td> <td><input type="checkbox"/> Other (please explain)</td> </tr> <tr> <td><input type="checkbox"/> Brain Fog</td> <td><hr/></td> </tr> </table>	<input type="checkbox"/> Hot Flashes	<input type="checkbox"/> Poor Concentration	<input type="checkbox"/> Sweating	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Night Sweats	<input type="checkbox"/> Cravings	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Bloating	<input type="checkbox"/> Vaginal Dryness	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Headache	<input type="checkbox"/> Gas	<input type="checkbox"/> Other (please explain)	<input type="checkbox"/> Brain Fog	<hr/>	<p><b>Duration of Symptoms</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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<p><b>New Symptoms:</b> <i>Please explain</i></p> <hr/> <hr/> <hr/> <hr/>	<p><b>Observations:</b> <i>Please explain</i></p> <hr/> <hr/> <hr/> <hr/>
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2  
WEEK

# Identifying Triggers

Highlight any foods or drinks that seemed to worsen your symptoms during week one and monitor them closely during this week.

## Physical Activity

Type of Activity:

Duration:

Intensity:

Low

Moderate

High

## Sleep

Quality of Sleep:

Excellent

Poor

Good

Very Poor

Fair

Hours Slept:

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Support System:

Stress Management Techniques:

Water Intake Tracker:



Overall Observations for the Day:





# Evening Reflections

## *Declutter Your Mind*

As the day ends, take a moment to **reflect on your day**, and use this space to **declutter your mind**. Jot down your thoughts, feelings, and any moments that stood out. **Often referred to as a “brain dump,”** it's a method to understand, process, and release lingering thoughts that have built up throughout the day. Doing so will help to reduce stress and pave the way for a more peaceful night.

### Thoughts/feelings

*Use this space to let go of everything on your mind and write down your thoughts and feelings (from fleeting thoughts to deepest emotions). Writing them down without feeling “judged” helps you understand your feelings and prevents nighttime overthinking as you drift off to sleep.*

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### Highlights and Today's Wins

*What made you smile, feel proud, or brought you a sense of accomplishment today? Celebrate even the smallest wins and what you are especially thankful for here.*

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# Evening Reflections

## *Declutter Your Mind*

### Steps to Prepare For Tomorrow

*Consider today's challenges. Which moments or areas is there room for growth or change? What steps can you take for a "better" tomorrow?*

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### Rate Your Day

**How would you describe your day on a scale of 1 to 10?**

*Use the emojis below as a guide, with 1 representing a difficult day and 10 symbolising an exceptional one...*

									
1	2	3	4	5	6	7	8	9	10





# Food & Drink Removal

Remove specific foods and drinks identified in Week 2 from your diet and observe any changes in your symptoms.

## Day 1

(print this page for separate days of week three to record daily information)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Meal Information

Meal Time:

Type of Meal:

Breakfast  Snack  Lunch  Dinner  Late-night snack

Location:

Home  Work  Restaurant  On-the-go

### Food & Drink Details

Food Item

Portion Size

Beverages

### Feelings & Observations

Mood Before Eating

Happy  Relaxed  Sad  Stressed  Neutral  Hungry  
 Not Hungry  Other (please explain) \_\_\_\_\_

Mood After Eating

Satisfied  Still Hungry  Overfull  Guilty  Energised  Sluggish  
 Anxious  Other (please explain) \_\_\_\_\_

3  
WEEK

# Food & Drink Removal

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<p><b>New Symptoms:</b> <i>Please explain</i></p> <hr/> <hr/> <hr/> <hr/>	<p><b>Observations:</b> <i>Please explain</i></p> <hr/> <hr/> <hr/> <hr/>
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# Food & Drink Removal

Remove specific foods and drinks identified in Week 2 from your diet and observe any changes in your symptoms.

## Physical Activity

Type of Activity:

Duration:

Intensity:

Low     Moderate     High

## Sleep

Quality of Sleep:

Excellent     Poor  
 Good     Very Poor  
 Fair

Hours Slept:

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Support System:

Stress Management Techniques:

Water Intake Tracker:



Overall Observations for the Day:





# Evening Reflections

## *Declutter Your Mind*

As the day ends, take a moment to **reflect on your day**, and use this space to **declutter your mind**. Jot down your thoughts, feelings, and any moments that stood out. **Often referred to as a “brain dump,”** it's a method to understand, process, and release lingering thoughts that have built up throughout the day. Doing so will help to reduce stress and pave the way for a more peaceful night.

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*Use this space to let go of everything on your mind and write down your thoughts and feelings (from fleeting thoughts to deepest emotions). Writing them down without feeling “judged” helps you understand your feelings and prevents nighttime overthinking as you drift off to sleep.*

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### Highlights and Today's Wins

*What made you smile, feel proud, or brought you a sense of accomplishment today? Celebrate even the smallest wins and what you are especially thankful for here.*

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# Evening Reflections

## *Declutter Your Mind*

### Steps to Prepare For Tomorrow

Consider today's challenges. Which moments or areas is there room for growth or change? What steps can you take for a "better" tomorrow?

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### Rate Your Day

**How would you describe your day on a scale of 1 to 10?**

Use the emojis below as a guide, with 1 representing a difficult day and 10 symbolising an exceptional one...

									
1	2	3	4	5	6	7	8	9	10





# Moving Forward

Symptom Management: Reflect on the dietary changes you have made over the past 3 weeks to help manage your symptoms and overall health moving forward.

## Day 1

*(print this page for separate days of week four to record daily information)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Meal Information

**Meal Time:**

**Type of Meal:**

Breakfast  Snack  Lunch  Dinner  Late-night snack

**Location:**

Home  Work  Restaurant  On-the-go

### Food & Drink Details

**Food Item**

**Portion Size**

**Beverages**

### Feelings & Observations

**Mood Before Eating**

Happy  Relaxed  Sad  Stressed  Neutral  Hungry  
 Not Hungry  Other (please explain) \_\_\_\_\_

**Mood After Eating**

Satisfied  Still Hungry  Overfull  Guilty  Energised  Sluggish  
 Anxious  Other (please explain) \_\_\_\_\_



# Moving Forward

Symptom Management: Reflect on the dietary changes you have made over the past 3 weeks to help manage your symptoms and overall health moving forward.

<b>Observations</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Bloating <input type="checkbox"/> Energy Spike <input type="checkbox"/> Irritability <input type="checkbox"/> Headache <input type="checkbox"/> Skin Reaction <input type="checkbox"/> Other (space for them to explain) <hr/>	<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Gas
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# Moving Forward

Symptom Management: Reflect on the dietary changes you have made over the past 3 weeks to help manage your symptoms and overall health moving forward.

## Physical Activity

Type of Activity:

Duration:

Intensity:

Low     Moderate     High

## Sleep

Quality of Sleep:

Excellent     Poor  
 Good     Very Poor  
 Fair

Hours Slept:

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Support System:

Stress Management Techniques:

Water Intake Tracker:



Overall Observations for the Day:





# Evening Reflections

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# Evening Reflections

## Declutter Your Mind

### Steps to Prepare For Tomorrow

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Use the emojis below as a guide, with 1 representing a difficult day and 10 symbolising an exceptional one...

									
1	2	3	4	5	6	7	8	9	10





## What Sets Me Apart

What sets my approach apart is that I'm not just a coach; I'm your guide on this journey because I've walked this path myself. I combine firsthand experience of navigating the fog with a holistic approach that connects the dots between our hormones, our nutrition, our environment, and—most crucially—our sleep. My focus is on simple, powerful strategies that quiet the frantic noise of midlife and help you reclaim your energy, one restful night at a time.

## My Story and Approach

My journey began when a switch flipped overnight. My mind, once my ally, felt hijacked by brain fog, but the nights were even worse—a frustrating cycle of anxiety and sleeplessness. I refused to accept this as my new normal. My approach was born from a simple decision: to fight back, not with complicated rules, but with small, powerful, intentional steps that honor our bodies. I learned that reclaiming your days starts with reclaiming your nights, and this guide is one of the foundational pieces of that map.

## Success Stories

You are not alone on this journey. Here is how other women in the Mind Over Age community have found their way back to restful sleep and clearer days:

“

I honestly thought my constant brain fog and irritability were just my new reality. I started this journal feeling defeated, thinking '*what's the point?*'. For two weeks, I just wrote everything down. Then, looking back, I saw it staring at me in black and white: every afternoon that I had my 'healthy' yogurt snack, my energy would crash, and the fog would roll in within an hour. I never would have made that connection on my own. I cut out dairy, and the change has been profound. This journal didn't just help me track my food; it gave me my brain back.

*Jessica Woods, 51*  
Austin, Texas

“

I was so tired of telling my doctor I just felt '*off*' and '*bloated all the time*.' They were just vague complaints. Using this journal for a month changed everything. I could walk into my appointment and say, '*I've noticed that on the days I have bread or pasta, I experience significant bloating and fatigue within two hours*.' For the first time, I had data. It wasn't just a feeling; it was evidence. It completely changed the conversation and the way my doctor and I approached my health. This tool gave me the confidence to finally be a true partner in my own well-being.

*Karen Hunt, 55*  
Edinburgh, Scotland

# *Hello, I'm Demi*

At 58, I've gained a deeper understanding of both my body and mind than ever before.

Thank you for trusting me with your time and your hope.  
Thank you for allowing me to share my story with you.

As I was writing this, I looked back at my old journals from those first few years. The pages are filled with so much confusion and despair. But then, slowly, the entries begin to change.



## From my journal:

*Woke up at 6 a.m. Not from a hot flash, but because the sun was rising. The silence in the house feels like peace now, not emptiness. I stood by the window with my glass of water. I felt... clear. Like my own mind was finally my friend again. I can feel myself coming home.*

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# Your Journey Continues...

## ✦✦ The Clarity Planner ✦✦

For the woman who wants to build a simple, consistent routine for daily clarity and focus.



Discover Your Planner

## ✦✦ Sleep & Calm ✦✦

For the woman who wants to cultivate a peaceful night's sleep and a calmer state of mind.



Discover Your Planner

## The Clarity & Focus Planner: Your Daily Guide to Clarity

- Build a daily routine for mental focus.
- Track your symptoms to uncover hidden triggers.
- Regain your clarity and memory—naturally.



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## The Sleep & Calm Planner: Your Nightly Path to Peace

- Craft a sanctuary for deep, restorative sleep.
- Learn to soothe nighttime anxiety and racing thoughts.
- Wake up feeling rested and mentally clear.



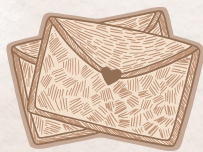
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Thank You

for your purchase

I appreciate it and hope to serve you  
again in the future.



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