



HER MIDLIFE WELLNESS HELP

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**Her Midlife  
30-Day Symptom Tracker**

Track it. Understand it. Take control.

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[HerMidlifeWellnessHelp.com](http://HerMidlifeWellnessHelp.com)

30-DAY PREMIUM TRACKER

# Her Midlife Symptom Tracker

*Track patterns. Understand your body. Take back your health.*

30 days of daily symptom logging to discover your patterns, understand your body, and arrive at every appointment with real data that changes the conversation.

## WHAT'S INSIDE

- 30 daily pages — 2 days per page, easy to print
- Hot flashes & physical symptoms daily
- Lifestyle factors — exercise, caffeine, hydration
- Month-end summary to bring to your doctor
- Mood, energy, brain fog & cognitive tracking
- Menstrual / bleeding pattern tracking
- 4 weekly review pages to spot your trends

◆ Want to track every night, unlimited? Get the Digital Tracker at [HerMidlifeWellnessHelp.com](https://HerMidlifeWellnessHelp.com) ◆

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# How to Use This Tracker

## YOUR DAILY PRACTICE — 2 TO 3 MINUTES

Take 2–3 minutes at the end of your day — or first thing in the morning for the previous day. There is no perfect way. Even partial tracking reveals patterns. Consistency matters more than completeness.

## WHAT EACH SECTION TRACKS

- **Sleep:** Hours slept, quality score, and night sweat intensity.
- **Mood & Energy:** How you feel emotionally and your energy level (1–5).
- **Cognitive:** Brain fog, difficulty concentrating, memory.
- **Hot Flashes:** Intensity during the day — none through severe.
- **Physical Symptoms:** Joint discomfort, headache, digestive changes.
- **Menstrual/Bleeding:** Bleeding presence, flow level, and spotting.
- **Lifestyle:** Exercise, caffeine, alcohol, and hydration.
- **Notes:** Triggers, stress, illness — anything worth remembering.

## USING THIS WITH YOUR DOCTOR

After tracking, bring these pages printed or on your phone. Specific observations — 'hot flashes 3 times daily, moderate intensity' — carry far more weight than general descriptions. Your data is your voice in that room.

## PREFER TRACKING DIGITALLY?

The Her Midlife digital app lets you track from your browser, see your insights, and download your full history as CSV to share with your doctor.

## Ready to go deeper?

The full 30-day tracker + digital app with CSV download.

[HerMidlifeWellnessHelp.com](https://HerMidlifeWellnessHelp.com) · \$37

# Day 1 & Day 2

Daily Symptom Log

**Day 1** Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

**Day 2** Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

# Day 3 & Day 4

## Daily Symptom Log

### Day 3 Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

### Day 4 Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

## Day 5 &amp; Day 6

Daily Symptom Log

## Day 5

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

## SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

① ② ③ ④ ⑤

Night sweats:

 none
  mild
  moderate
  severe

Episodes woken (times you woke up): \_\_\_\_\_

## MOOD &amp; ENERGY

Mood today:

- calm
- stressed
- irritable
- low mood
- anxious

Energy level:

① ② ③ ④ ⑤

## HOT FLASHES

Intensity today:

 none
  mild
  moderate
  severe

Number of flashes (estimate is fine): \_\_\_\_\_

## COGNITIVE

Brain fog:

 none
  mild
  moderate
  severe
Difficulty concentrating?  yes  noMemory difficulties?  yes  no

## PHYSICAL SYMPTOMS

Joint discomfort:

 none
  mild
  moderate
  severe
Headache?  yes  noDigestive changes?  yes  noBreast tenderness?  yes  noHeart palpitations?  yes  no

## MENSTRUAL / BLEEDING

Bleeding today?

- none
- light
- moderate
- heavy

Spotting?  yes  no

## LIFESTYLE FACTORS

Exercise today:

- walking
- strength training
- yoga / mobility
- none

Caffeine intake:

- none
- low
- moderate
- high

Alcohol?  yes  no

Hydration:

 low
  moderate
  high

## Day 6

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

## SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

① ② ③ ④ ⑤

Night sweats:

 none
  mild
  moderate
  severe

Episodes woken (times you woke up): \_\_\_\_\_

## MOOD &amp; ENERGY

Mood today:

- calm
- stressed
- irritable
- low mood
- anxious

Energy level:

① ② ③ ④ ⑤

## HOT FLASHES

Intensity today:

 none
  mild
  moderate
  severe

Number of flashes (estimate is fine): \_\_\_\_\_

## COGNITIVE

Brain fog:

 none
  mild
  moderate
  severe
Difficulty concentrating?  yes  noMemory difficulties?  yes  no

## PHYSICAL SYMPTOMS

Joint discomfort:

 none
  mild
  moderate
  severe
Headache?  yes  noDigestive changes?  yes  noBreast tenderness?  yes  noHeart palpitations?  yes  no

## MENSTRUAL / BLEEDING

Bleeding today?

- none
- light
- moderate
- heavy

Spotting?  yes  no

## LIFESTYLE FACTORS

Exercise today:

- walking
- strength training
- yoga / mobility
- none

Caffeine intake:

- none
- low
- moderate
- high

Alcohol?  yes  no

Hydration:

 low
  moderate
  high

## Day 7 &amp; Day 8

Daily Symptom Log

## Day 7

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

## SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

① ② ③ ④ ⑤

Night sweats:

 none
  mild
  moderate
  severe

Episodes woken (times you woke up): \_\_\_\_\_

## MOOD &amp; ENERGY

Mood today:

- calm
- stressed
- irritable
- low mood
- anxious

Energy level:

① ② ③ ④ ⑤

## HOT FLASHES

Intensity today:

 none
  mild
  moderate
  severe

Number of flashes (estimate is fine): \_\_\_\_\_

## COGNITIVE

Brain fog:

 none
  mild
  moderate
  severe
Difficulty concentrating?  yes  noMemory difficulties?  yes  no

## PHYSICAL SYMPTOMS

Joint discomfort:

 none
  mild
  moderate
  severe
Headache?  yes  noDigestive changes?  yes  noBreast tenderness?  yes  noHeart palpitations?  yes  no

## MENSTRUAL / BLEEDING

Bleeding today?

- none
- light
- moderate
- heavy

Spotting?  yes  no

## LIFESTYLE FACTORS

Exercise today:

- walking
- strength training
- yoga / mobility
- none

Caffeine intake:

- none
- low
- moderate
- high

Alcohol?  yes  no

Hydration:

 low
  moderate
  high

## Day 8

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

## SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

① ② ③ ④ ⑤

Night sweats:

 none
  mild
  moderate
  severe

Episodes woken (times you woke up): \_\_\_\_\_

## MOOD &amp; ENERGY

Mood today:

- calm
- stressed
- irritable
- low mood
- anxious

Energy level:

① ② ③ ④ ⑤

## HOT FLASHES

Intensity today:

 none
  mild
  moderate
  severe

Number of flashes (estimate is fine): \_\_\_\_\_

## COGNITIVE

Brain fog:

 none
  mild
  moderate
  severe
Difficulty concentrating?  yes  noMemory difficulties?  yes  no

## PHYSICAL SYMPTOMS

Joint discomfort:

 none
  mild
  moderate
  severe
Headache?  yes  noDigestive changes?  yes  noBreast tenderness?  yes  noHeart palpitations?  yes  no

## MENSTRUAL / BLEEDING

Bleeding today?

- none
- light
- moderate
- heavy

Spotting?  yes  no

## LIFESTYLE FACTORS

Exercise today:

- walking
- strength training
- yoga / mobility
- none

Caffeine intake:

- none
- low
- moderate
- high

Alcohol?  yes  no

Hydration:

 low
  moderate
  high

# Week 1 Review

Days 1–7

## SLEEP SUMMARY

Avg hours slept: \_\_\_\_\_

Avg sleep quality: \_\_\_\_\_

Best night (day #): \_\_\_\_\_

Hardest night (day #): \_\_\_\_\_

## NIGHT SWEAT SUMMARY

Nights with sweats: \_\_\_\_\_

Sweat-free nights: \_\_\_\_\_

Most common intensity: \_\_\_\_\_

## MOOD, ENERGY & BRAIN FOG

Avg energy score: \_\_\_\_\_

Most common mood: \_\_\_\_\_

Brain fog — mostly: \_\_\_\_\_

## TRIGGER PATTERNS THIS WEEK

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*What pattern surprised you this week?*

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*What felt worst — and when?*

## WHAT SEEMED TO HELP

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## ONE THING I'LL TRY DIFFERENTLY — WEEK 2

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# Day 9 & Day 10

Daily Symptom Log

## Day 9 Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

## Day 10 Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

## Day 11 &amp; Day 12

Daily Symptom Log

## Day 11

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

## SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

① ② ③ ④ ⑤

Night sweats:

 none
  mild
  moderate
  severe

Episodes woken (times you woke up): \_\_\_\_\_

## MOOD &amp; ENERGY

Mood today:

- 
- calm
- 
- 
- stressed
- 
- 
- irritable
- 
- 
- low mood
- 
- 
- anxious

Energy level:

① ② ③ ④ ⑤

## HOT FLASHES

Intensity today:

 none
  mild
  moderate
  severe

Number of flashes (estimate is fine): \_\_\_\_\_

## COGNITIVE

Brain fog:

 none
  mild
  moderate
  severe
Difficulty concentrating?  yes  noMemory difficulties?  yes  no

## PHYSICAL SYMPTOMS

Joint discomfort:

 none
  mild
  moderate
  severe
Headache?  yes  noDigestive changes?  yes  noBreast tenderness?  yes  noHeart palpitations?  yes  no

## MENSTRUAL / BLEEDING

Bleeding today?

- 
- none
- 
- 
- light
- 
- 
- moderate
- 
- 
- heavy

Spotting?  yes  no

## LIFESTYLE FACTORS

Exercise today:

- 
- walking
- 
- 
- strength training
- 
- 
- yoga / mobility
- 
- 
- none

Caffeine intake:

- 
- none
- 
- 
- low
- 
- 
- moderate
- 
- 
- high

Alcohol?  yes  no

Hydration:

 low
  moderate
  high

## Day 12

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

## SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

① ② ③ ④ ⑤

Night sweats:

 none
  mild
  moderate
  severe

Episodes woken (times you woke up): \_\_\_\_\_

## MOOD &amp; ENERGY

Mood today:

- 
- calm
- 
- 
- stressed
- 
- 
- irritable
- 
- 
- low mood
- 
- 
- anxious

Energy level:

① ② ③ ④ ⑤

## HOT FLASHES

Intensity today:

 none
  mild
  moderate
  severe

Number of flashes (estimate is fine): \_\_\_\_\_

## COGNITIVE

Brain fog:

 none
  mild
  moderate
  severe
Difficulty concentrating?  yes  noMemory difficulties?  yes  no

## PHYSICAL SYMPTOMS

Joint discomfort:

 none
  mild
  moderate
  severe
Headache?  yes  noDigestive changes?  yes  noBreast tenderness?  yes  noHeart palpitations?  yes  no

## MENSTRUAL / BLEEDING

Bleeding today?

- 
- none
- 
- 
- light
- 
- 
- moderate
- 
- 
- heavy

Spotting?  yes  no

## LIFESTYLE FACTORS

Exercise today:

- 
- walking
- 
- 
- strength training
- 
- 
- yoga / mobility
- 
- 
- none

Caffeine intake:

- 
- none
- 
- 
- low
- 
- 
- moderate
- 
- 
- high

Alcohol?  yes  no

Hydration:

 low
  moderate
  high

# Day 13 & Day 14

## Daily Symptom Log

### Day 13

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

#### SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

1  2  3  4  5

Night sweats:

none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

#### MOOD & ENERGY

Mood today:

- calm
- stressed
- irritable
- low mood
- anxious

Energy level:

1  2  3  4  5

#### HOT FLASHES

Intensity today:

none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

#### COGNITIVE

Brain fog:

none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

#### PHYSICAL SYMPTOMS

Joint discomfort:

none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

#### MENSTRUAL / BLEEDING

Bleeding today?

- none
- light
- moderate
- heavy

Spotting?  yes  no

#### LIFESTYLE FACTORS

Exercise today:

- walking
- strength training
- yoga / mobility
- none

Caffeine intake:

- none
- low
- moderate
- high

Alcohol?  yes  no

Hydration:

low  moderate  high

### Day 14

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

#### SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

1  2  3  4  5

Night sweats:

none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

#### MOOD & ENERGY

Mood today:

- calm
- stressed
- irritable
- low mood
- anxious

Energy level:

1  2  3  4  5

#### HOT FLASHES

Intensity today:

none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

#### COGNITIVE

Brain fog:

none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

#### PHYSICAL SYMPTOMS

Joint discomfort:

none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

#### MENSTRUAL / BLEEDING

Bleeding today?

- none
- light
- moderate
- heavy

Spotting?  yes  no

#### LIFESTYLE FACTORS

Exercise today:

- walking
- strength training
- yoga / mobility
- none

Caffeine intake:

- none
- low
- moderate
- high

Alcohol?  yes  no

Hydration:

low  moderate  high

# Day 15 & Day 16

Daily Symptom Log

## Day 15 Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

## Day 16 Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

# Week 2 Review

## SLEEP SUMMARY

Avg hours slept: \_\_\_\_\_

Avg sleep quality: \_\_\_\_\_

Best night (day #): \_\_\_\_\_

Hardest night (day #): \_\_\_\_\_

## NIGHT SWEAT SUMMARY

Nights with sweats: \_\_\_\_\_

Sweat-free nights: \_\_\_\_\_

Most common intensity: \_\_\_\_\_

## MOOD, ENERGY & BRAIN FOG

Avg energy score: \_\_\_\_\_

Most common mood: \_\_\_\_\_

Brain fog — mostly: \_\_\_\_\_

## TRIGGER PATTERNS THIS WEEK

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*What pattern surprised you this week?*

*What felt worst — and when?*

## WHAT SEEMED TO HELP

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## ONE THING I'LL TRY DIFFERENTLY — WEEK 3

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# Day 17 & Day 18

## Daily Symptom Log

**Day 17** Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

**Day 18** Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

## Day 19 &amp; Day 20

Daily Symptom Log

## Day 19

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

## SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

① ② ③ ④ ⑤

Night sweats:

 none
  mild
  moderate
  severe

Episodes woken (times you woke up): \_\_\_\_\_

## MOOD &amp; ENERGY

Mood today:

- calm
- stressed
- irritable
- low mood
- anxious

Energy level:

① ② ③ ④ ⑤

## HOT FLASHES

Intensity today:

 none
  mild
  moderate
  severe

Number of flashes (estimate is fine): \_\_\_\_\_

## COGNITIVE

Brain fog:

 none
  mild
  moderate
  severe
Difficulty concentrating?  yes  noMemory difficulties?  yes  no

## PHYSICAL SYMPTOMS

Joint discomfort:

 none
  mild
  moderate
  severe
Headache?  yes  noDigestive changes?  yes  noBreast tenderness?  yes  noHeart palpitations?  yes  no

## MENSTRUAL / BLEEDING

Bleeding today?

- none
- light
- moderate
- heavy

Spotting?  yes  no

## LIFESTYLE FACTORS

Exercise today:

- walking
- strength training
- yoga / mobility
- none

Caffeine intake:

- none
- low
- moderate
- high

Alcohol?  yes  no

Hydration:

 low
  moderate
  high

## Day 20

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

## SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

① ② ③ ④ ⑤

Night sweats:

 none
  mild
  moderate
  severe

Episodes woken (times you woke up): \_\_\_\_\_

## MOOD &amp; ENERGY

Mood today:

- calm
- stressed
- irritable
- low mood
- anxious

Energy level:

① ② ③ ④ ⑤

## HOT FLASHES

Intensity today:

 none
  mild
  moderate
  severe

Number of flashes (estimate is fine): \_\_\_\_\_

## COGNITIVE

Brain fog:

 none
  mild
  moderate
  severe
Difficulty concentrating?  yes  noMemory difficulties?  yes  no

## PHYSICAL SYMPTOMS

Joint discomfort:

 none
  mild
  moderate
  severe
Headache?  yes  noDigestive changes?  yes  noBreast tenderness?  yes  noHeart palpitations?  yes  no

## MENSTRUAL / BLEEDING

Bleeding today?

- none
- light
- moderate
- heavy

Spotting?  yes  no

## LIFESTYLE FACTORS

Exercise today:

- walking
- strength training
- yoga / mobility
- none

Caffeine intake:

- none
- low
- moderate
- high

Alcohol?  yes  no

Hydration:

 low
  moderate
  high

## Day 21 &amp; Day 22

Daily Symptom Log

## Day 21

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

## SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

① ② ③ ④ ⑤

Night sweats:

 none
  mild
  moderate
  severe

Episodes woken (times you woke up): \_\_\_\_\_

## MOOD &amp; ENERGY

Mood today:

- calm
- stressed
- irritable
- low mood
- anxious

Energy level:

① ② ③ ④ ⑤

## HOT FLASHES

Intensity today:

 none
  mild
  moderate
  severe

Number of flashes (estimate is fine): \_\_\_\_\_

## COGNITIVE

Brain fog:

 none
  mild
  moderate
  severe
Difficulty concentrating?  yes  noMemory difficulties?  yes  no

## PHYSICAL SYMPTOMS

Joint discomfort:

 none
  mild
  moderate
  severe
Headache?  yes  noDigestive changes?  yes  noBreast tenderness?  yes  noHeart palpitations?  yes  no

## MENSTRUAL / BLEEDING

Bleeding today?

- none
- light
- moderate
- heavy

Spotting?  yes  no

## LIFESTYLE FACTORS

Exercise today:

- walking
- strength training
- yoga / mobility
- none

Caffeine intake:

- none
- low
- moderate
- high

Alcohol?  yes  no

Hydration:

 low
  moderate
  high

## Day 22

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

## SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

① ② ③ ④ ⑤

Night sweats:

 none
  mild
  moderate
  severe

Episodes woken (times you woke up): \_\_\_\_\_

## MOOD &amp; ENERGY

Mood today:

- calm
- stressed
- irritable
- low mood
- anxious

Energy level:

① ② ③ ④ ⑤

## HOT FLASHES

Intensity today:

 none
  mild
  moderate
  severe

Number of flashes (estimate is fine): \_\_\_\_\_

## COGNITIVE

Brain fog:

 none
  mild
  moderate
  severe
Difficulty concentrating?  yes  noMemory difficulties?  yes  no

## PHYSICAL SYMPTOMS

Joint discomfort:

 none
  mild
  moderate
  severe
Headache?  yes  noDigestive changes?  yes  noBreast tenderness?  yes  noHeart palpitations?  yes  no

## MENSTRUAL / BLEEDING

Bleeding today?

- none
- light
- moderate
- heavy

Spotting?  yes  no

## LIFESTYLE FACTORS

Exercise today:

- walking
- strength training
- yoga / mobility
- none

Caffeine intake:

- none
- low
- moderate
- high

Alcohol?  yes  no

Hydration:

 low
  moderate
  high

# Week 3 Review

Days 15–21

## SLEEP SUMMARY

Avg hours slept: \_\_\_\_\_

Avg sleep quality: \_\_\_\_\_

Best night (day #): \_\_\_\_\_

Hardest night (day #): \_\_\_\_\_

## NIGHT SWEAT SUMMARY

Nights with sweats: \_\_\_\_\_

Sweat-free nights: \_\_\_\_\_

Most common intensity: \_\_\_\_\_

## MOOD, ENERGY & BRAIN FOG

Avg energy score: \_\_\_\_\_

Most common mood: \_\_\_\_\_

Brain fog — mostly: \_\_\_\_\_

## TRIGGER PATTERNS THIS WEEK

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*What pattern surprised you this week?*

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---

*What felt worst — and when?*

## WHAT SEEMED TO HELP

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## ONE THING I'LL TRY DIFFERENTLY — WEEK 4

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# Day 23 & Day 24

Daily Symptom Log

## Day 23 Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

## Day 24 Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

## Day 25 &amp; Day 26

Daily Symptom Log

## Day 25

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

## SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

① ② ③ ④ ⑤

Night sweats:

 none
  mild
  moderate
  severe

Episodes woken (times you woke up): \_\_\_\_\_

## MOOD &amp; ENERGY

Mood today:

- calm
- stressed
- irritable
- low mood
- anxious

Energy level:

① ② ③ ④ ⑤

## HOT FLASHES

Intensity today:

 none
  mild
  moderate
  severe

Number of flashes (estimate is fine): \_\_\_\_\_

## COGNITIVE

Brain fog:

 none
  mild
  moderate
  severe
Difficulty concentrating?  yes  noMemory difficulties?  yes  no

## PHYSICAL SYMPTOMS

Joint discomfort:

 none
  mild
  moderate
  severe
Headache?  yes  noDigestive changes?  yes  noBreast tenderness?  yes  noHeart palpitations?  yes  no

## MENSTRUAL / BLEEDING

Bleeding today?

- none
- light
- moderate
- heavy

Spotting?  yes  no

## LIFESTYLE FACTORS

Exercise today:

- walking
- strength training
- yoga / mobility
- none

Caffeine intake:

- none
- low
- moderate
- high

Alcohol?  yes  no

Hydration:

 low
  moderate
  high

## Day 26

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

## SLEEP

Hours slept: \_\_\_\_\_

Sleep quality:

① ② ③ ④ ⑤

Night sweats:

 none
  mild
  moderate
  severe

Episodes woken (times you woke up): \_\_\_\_\_

## MOOD &amp; ENERGY

Mood today:

- calm
- stressed
- irritable
- low mood
- anxious

Energy level:

① ② ③ ④ ⑤

## HOT FLASHES

Intensity today:

 none
  mild
  moderate
  severe

Number of flashes (estimate is fine): \_\_\_\_\_

## COGNITIVE

Brain fog:

 none
  mild
  moderate
  severe
Difficulty concentrating?  yes  noMemory difficulties?  yes  no

## PHYSICAL SYMPTOMS

Joint discomfort:

 none
  mild
  moderate
  severe
Headache?  yes  noDigestive changes?  yes  noBreast tenderness?  yes  noHeart palpitations?  yes  no

## MENSTRUAL / BLEEDING

Bleeding today?

- none
- light
- moderate
- heavy

Spotting?  yes  no

## LIFESTYLE FACTORS

Exercise today:

- walking
- strength training
- yoga / mobility
- none

Caffeine intake:

- none
- low
- moderate
- high

Alcohol?  yes  no

Hydration:

 low
  moderate
  high

# Day 27 & Day 28

Daily Symptom Log

**Day 27** Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

**Day 28** Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality:  
 1  2  3  4  5

Night sweats:  
 none  mild  moderate  severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today:  
 calm  
 stressed  
 irritable  
 low mood  
 anxious

Energy level:  
 1  2  3  4  5

**HOT FLASHES**

Intensity today:  
 none  mild  moderate  severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog:  
 none  mild  moderate  severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort:  
 none  mild  moderate  severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today?  
 none  
 light  
 moderate  
 heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today:  
 walking  
 strength training  
 yoga / mobility  
 none

Caffeine intake:  
 none  
 low  
 moderate  
 high

Alcohol?  yes  no

Hydration:  
 low  moderate  high

# Day 29 & Day 30

Daily Symptom Log

**Day 29** Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality: \_\_\_\_\_

1 2 3 4 5

Night sweats: \_\_\_\_\_

none mild moderate severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today: \_\_\_\_\_

calm

stressed

irritable

low mood

anxious

Energy level: \_\_\_\_\_

1 2 3 4 5

**HOT FLASHES**

Intensity today: \_\_\_\_\_

none mild moderate severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog: \_\_\_\_\_

none mild moderate severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort: \_\_\_\_\_

none mild moderate severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today? \_\_\_\_\_

none

light

moderate

heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today: \_\_\_\_\_

walking

strength training

yoga / mobility

none

Caffeine intake: \_\_\_\_\_

none

low

moderate

high

Alcohol?  yes  no

Hydration: \_\_\_\_\_

low moderate high

**Day 30** Date: \_\_\_\_\_

**SLEEP**

Hours slept: \_\_\_\_\_

Sleep quality: \_\_\_\_\_

1 2 3 4 5

Night sweats: \_\_\_\_\_

none mild moderate severe

Episodes woken (times you woke up): \_\_\_\_\_

**MOOD & ENERGY**

Mood today: \_\_\_\_\_

calm

stressed

irritable

low mood

anxious

Energy level: \_\_\_\_\_

1 2 3 4 5

**HOT FLASHES**

Intensity today: \_\_\_\_\_

none mild moderate severe

Number of flashes (estimate is fine): \_\_\_\_\_

**COGNITIVE**

Brain fog: \_\_\_\_\_

none mild moderate severe

Difficulty concentrating?  yes  no

Memory difficulties?  yes  no

**PHYSICAL SYMPTOMS**

Joint discomfort: \_\_\_\_\_

none mild moderate severe

Headache?  yes  no

Digestive changes?  yes  no

Breast tenderness?  yes  no

Heart palpitations?  yes  no

**MENSTRUAL / BLEEDING**

Bleeding today? \_\_\_\_\_

none

light

moderate

heavy

Spotting?  yes  no

**LIFESTYLE FACTORS**

Exercise today: \_\_\_\_\_

walking

strength training

yoga / mobility

none

Caffeine intake: \_\_\_\_\_

none

low

moderate

high

Alcohol?  yes  no

Hydration: \_\_\_\_\_

low moderate high

◆ See your patterns instantly with the digital tracker. Get it at [HerMidlifeWellnessHelp.com](https://HerMidlifeWellnessHelp.com) ◆

Track daily from your browser · CSV export · insights dashboard · \$37

HerMidlifeWellnessHelp.com · Track patterns. Understand your body. Take back your health.

# Week 4 Review

Days 22–28

## SLEEP SUMMARY

Avg hours slept: \_\_\_\_\_

Avg sleep quality: \_\_\_\_\_

Best night (day #): \_\_\_\_\_

Hardest night (day #): \_\_\_\_\_

## NIGHT SWEAT SUMMARY

Nights with sweats: \_\_\_\_\_

Sweat-free nights: \_\_\_\_\_

Most common intensity: \_\_\_\_\_

## MOOD, ENERGY & BRAIN FOG

Avg energy score: \_\_\_\_\_

Most common mood: \_\_\_\_\_

Brain fog — mostly: \_\_\_\_\_

## TRIGGER PATTERNS THIS WEEK

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*What pattern surprised you this week?*

*What felt worst — and when?*

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## WHAT SEEMED TO HELP

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## ONE THING I WANT TO CARRY FORWARD

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# 30-Day Summary · For Your Doctor

*"30 nights of data speak louder than any single appointment."*

## KEY NUMBERS ACROSS 30 DAYS

Days tracked

Avg sleep quality

Avg hours slept

Days with sweats

## SLEEP & SWEAT TRENDS

Best week for sleep: \_\_\_\_\_

Hardest week: \_\_\_\_\_

Most sweat-free week: \_\_\_\_\_

## MOOD & BRAIN FOG PATTERNS

Most common mood: \_\_\_\_\_

Brain fog — mostly: \_\_\_\_\_

Days mood was best: \_\_\_\_\_

## TOP 3 TRIGGERS IDENTIFIED

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## WHAT HELPED MOST THIS MONTH

\_\_\_\_\_  
\_\_\_\_\_

## QUESTIONS FOR MY DOCTOR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Track your next 30 days digitally**

Browser app · CSV download · history & insights

[HerMidlifeWellnessHelp.com](https://HerMidlifeWellnessHelp.com)

# Talking to Your Doctor About Midlife Symptoms

*"Your data speaks louder than any single appointment."*

— Her Midlife Wellness

## WHAT TO BRING TO YOUR APPOINTMENT

- **These pages** printed or as screenshots on your phone.
- **Specific language:** "Hot flashes 3x daily, moderate. Night sweats on all 3 nights."
- **Your patterns:** "Brain fog every morning. Energy consistently low."
- **Bleeding changes:** "Irregular spotting — my cycle has shifted."
- **What made it worse:** "Symptoms spiked on high-stress days and after alcohol."

## QUESTIONS WORTH ASKING

- Could these symptoms indicate perimenopause or menopause?
- What hormone tests would help clarify where I am right now?
- Should I consider hormone therapy — conventional or bioidentical?
- Could my brain fog and mood changes be hormone-related?
- What lifestyle changes have the strongest evidence for my symptoms?
- When should we follow up, and what should I keep tracking?

## WHAT YOU DESERVE TO KNOW

- Perimenopause can begin in your late 30s. Hot flashes, mood shifts, brain fog, and irregular bleeding are all common — and trackable.
- Your symptoms are real, connected, and worth a full investigation. This tracker is your first step.
- You are not overreacting. You are not imagining this. Bring your data and ask for what you need.
- Treatment options range from lifestyle changes to hormone support. Ask to discuss every option.

## You've started something powerful.

The full 30-day tracker gives you the complete picture.  
Daily pages · weekly reviews · doctor summary · digital app.

[HerMidlifeWellnessHelp.com](https://HerMidlifeWellnessHelp.com)