

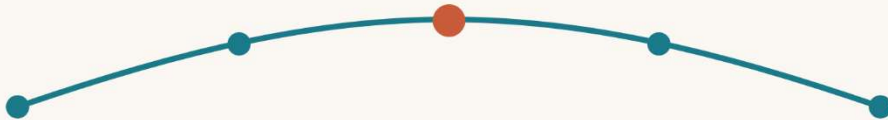
THE FEMALE VARIABLE

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# The Hormone Decision

## THE WORKBOOK

Track your symptoms. Map your risk.  
Walk into your appointment prepared.



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A COMPANION TO THE HORMONE DECISION

[thefemalevariable.substack.com](http://thefemalevariable.substack.com)



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# THE HORMONE DECISION WORKBOOK

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*Track Your Symptoms. Map Your Risk.  
Walk Into Your Doctor's Appointment Prepared.*

*Companion to*

## **The Hormone Decision**

*What the Evidence Actually Says About HRT — So You Can Make Your Own Choice*

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You can find more useful tools and trackers at:

**[theFemaleVariable.com](https://thefemalevariable.com)**

*Not medical advice. Bring this workbook to your healthcare provider.*

Symptom Tracker • Risk Profile • Doctor Prep • First Month Log • Annual Reviews

## How to Use This Workbook

This workbook is designed to be written in. Messy. Dog-eared. Real. It has nine sections. The first five follow the arc of the decision — from the moment your symptoms start disrupting your life to the annual review that keeps you in informed relationship with your health for years to come. The last four are prep tools and checklists for the specific conversations along the way.

1	<b>SYMPTOM TRACKER</b> 14 days of before-you-start data to show your doctor
2	<b>RISK PROFILE</b> 8-domain self-assessment — your personal health landscape
3	<b>WHAT I'M WALKING IN WITH</b> The single page designed to hand to your doctor
4	<b>FIRST MONTH LOG</b> Day-by-day tracking after you start (or don't)
5	<b>ANNUAL REVIEWS</b> 5 years of revisit spreads — so you never lose the thread
6	<b>PERIMENOPAUSE CONVERSATION GUIDE</b> Bleeding log, contraception decision, and the rule-out list — for the years you're still cycling
7	<b>COGNITIVE &amp; MOOD SYMPTOM TRACKER</b> A two-week grid for fog, sleep, and mood — with the red-flag and rule-out lists
8	<b>BONE &amp; METABOLIC CHECKLIST</b> DXA/FRAX questions, your risk factors, and the hormone-vs-bone-vs-metabolic sorter
9	<b>COMPLEX PROFILE PREP SHEET</b> Records to gather, which specialist for which flag, and the questions that reopen a “no”

Work through the sections in order if you can. If you're one week from a doctor's appointment right now, start with Section 3. Come back and fill the rest in later. The workbook is a tool, not a test.

**Free digital version:** Download printable PDFs of every section — plus the 5-year Annual Review bundle and a bonus Evidence Cheat Sheet — at [thefemalevariable.com](http://thefemalevariable.com). Free for book owners and Substack newsletter subscribers.

## SECTION 1 — SYMPTOM TRACKER

### Track before you start — 14 days minimum

The single most powerful thing you can bring to a doctor's appointment is data. Not 'I feel terrible.' Not 'I think I'm having a lot of hot flashes.' Numbers. Frequency. Severity. Impact on work and sleep. This tracker gives you two weeks of structured data that a provider cannot dismiss the way they can dismiss adjectives.

Track for 14 days before your appointment. If you've already started HRT, use Section 4. If you started and stopped, track your current baseline here first.

Day	Hot flashes (#)	Night sweats	Sleep (hrs)	Sleep quality 1–10	Mood 1–10	Energy 1–10	Notes
Day 1							
Day 2							
Day 3							
Day 4							
Day 5							
Day 6							
Day 7							
<b>Week 1 avg →</b>							
Day 8							
Day 9							
Day 10							
Day 11							
Day 12							
Day 13							
Day 14							
<b>Week 2 avg →</b>							

**My 14-day summary:**

**Hot flash average / day:**

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**Worst single day:**

---

**Best single night's sleep:**

---

**Worst night:**

---

**The symptom affecting me most:**

---

---

**Overall quality of life compared to 2 years ago (circle):**

**1 = much worse**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

*The number you just circled is the one that changes the conversation. It tells your provider what this is actually costing you.*

## SECTION 2 — YOUR RISK PROFILE

### Complete before reading the evidence chapters

This is not a risk calculator. It will not give you a score or tell you what to do. What it gives you is a structured picture of your own health landscape — so that when you read 'HRT increases risk by X%,' you know whether that number applies to you.

**How to use this:** Complete each domain honestly. Leave blanks where you genuinely don't know — gaps are information too. When you're done, use the full eight-domain assessment in Appendix G of The Hormone Decision (or the Quick-Start version in Chapter 2) to see where you sit, then take it to your doctor.

### 1 MENOPAUSE STATUS

**Last menstrual period (approx):** \_\_\_\_\_

**Periods over the past year:**

- Regular  
  Irregular  
  Skipping months  
  Absent 3–12 months  
 Absent 12+ months (postmenopause)  
  Hysterectomy — date: \_\_\_\_\_

**Surgical menopause (ovaries removed)?**

- Yes — date: \_\_\_\_\_ both ovaries? Y / N  
  No

**Hormone blood tests done?**

- Yes — date & results: \_\_\_\_\_  
  No

**Notes:**

---

### 2 BREAST CANCER HISTORY

**Personal history of breast cancer?**

- Yes — year & type: \_\_\_\_\_  
  No

**Breast biopsies?**

- None  
  Benign/fibrocystic  
  Atypical hyperplasia  
  LCIS  
  Other: \_\_\_\_\_

**Most recent mammogram:**

- Normal  
  Callback required  
  Biopsy recommended

**Breast density:**

Mostly fatty    Scattered    Heterogeneously dense    Extremely dense    Not sure

**First-degree relatives with breast cancer (mother, sisters, daughters):**

None    Yes — relationship: \_\_\_\_\_ age at diagnosis: \_\_\_\_\_ pre/post-menopausal: \_\_\_\_\_

**Genetic testing (BRCA1/2 or panel)?**

No    Yes — result: \_\_\_\_\_    Recommended but not yet done

**Notes / what I most need to discuss:**

---

### 3    **CARDIOVASCULAR & CLOTTING RISK**

**Personal history of blood clot?**

No    DVT (leg) — year: \_\_\_\_\_    PE (lung) — year: \_\_\_\_\_

**Was it provoked or unprovoked?**

Provoked (surgery/injury/pregnancy)    Unprovoked    Not sure

**Known clotting disorder?**

No    Yes: Factor V Leiden / other: \_\_\_\_\_    Not tested

**History of stroke or TIA?**

No    Yes — year: \_\_\_\_\_

**History of heart attack?**

No    Yes — year: \_\_\_\_\_

**Blood pressure:**

---

**On BP medication?**

Yes    No

**Migraine with aura?**

No    Yes — with visual aura/numbness    Yes — without aura    Not sure

**Smoking:**

Never    Former — quit: \_\_\_\_\_    Current

**Diabetes?**

No    Pre-diabetes    Type 1    Type 2

## 4 BONE HEALTH

**DXA bone density scan?**

No  Yes — date: \_\_\_\_\_ Normal  Osteopenia T-score: \_\_\_\_\_  Osteoporosis T-score: \_\_\_\_\_

**Fragility fracture (broken bone from minor fall)?**

No  Yes — bone: \_\_\_\_\_ year: \_\_\_\_\_

**Family history of osteoporosis or hip fracture?**

None  Yes — who: \_\_\_\_\_

**Risk factors for low bone density (check all that apply):**

- Menopause before 45
- Low body weight (BMI<20)
- Long-term steroid use
- Smoking
- Rheumatoid arthritis or IBD
- History of eating disorder
- Low calcium/vitamin D
- Very sedentary
- Heavy regular alcohol use

## 5 BRAIN & COGNITION

**Cognitive symptoms?**

Yes  No  Not sure

**If yes, check what applies:**

- Word-finding difficulty
- Short-term memory lapses
- Brain fog
- Difficulty concentrating
- Slowed processing
- Difficulty multitasking

**Severity (circle):**

1 = barely noticeable

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Has this affected your work?**

No  Mildly  Moderately  Significantly

**Family history of Alzheimer's or dementia?**

None  Yes — who: \_\_\_\_\_ age at diagnosis: \_\_\_\_\_

## 6 CURRENT SYMPTOMS

*Rate severity 1–10 and impact None / Minor / Moderate / Major. Precision is what transforms a medical conversation. Don't minimise.*

**Hot flashes**

Number per day (average): \_\_\_\_\_ Severity:

1 = mild

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Life impact:

- None  Minor  Moderate  Major

**Night sweats**

Nights per week: \_\_\_\_\_ Severity:

1 = mild

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Do they wake you?

- Never  Sometimes  Most nights  Every night

**Sleep**

Average hours per night:

---

Times awakened per night:

---

How rested on waking (circle):

1 = exhausted

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Sleep is affecting my:

- Mood  Concentration  Work performance  Relationships  All of these

**Vaginal & urinary symptoms**

Vaginal dryness:

- None  Mild  Moderate  Severe

Pain/discomfort during sex:

- None  Mild  Moderate  Severe  Not currently sexually active

Avoiding sex due to discomfort?

- Yes  No

Urinary urgency/frequency:

- None  Mild  Moderate  Severe

Recurrent UTIs (2+/year)?

- Yes  No

**Mood & emotional wellbeing**

Irritability:

- Never  Sometimes  Often  Almost always

Anxiety:

None  Mild  Moderate  Severe

**Low mood or depression:**

None  Mild  Moderate  Severe

**Mood swings / crying more easily:**

Never  Sometimes  Often  Almost always

**Overall quality of life — compared to 2 years ago (circle):**

**At work:**

1=much worse

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**In relationships:**

1=much worse

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Physical comfort:**

1=much worse

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Overall:**

1=much worse

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## 7 RISK TOLERANCE & VALUES

*This domain is the one most ignored in medical practice and most determinative of whether you feel at peace with your decision. There are no right answers. Named values make better decisions than unnamed ones.*

### Which statement fits your instinct?

- I'd rather take a small medication risk to get significant symptom relief.
- I'd rather live with significant symptoms than accept any medication-related risk.
- It depends — I need to weigh specific numbers before deciding.
- I'm not sure yet.

### How comfortable are you making decisions where some uncertainty remains?

- Comfortable — I make decisions without complete certainty all the time.
- Somewhat — I want core questions answered but can accept some uncertainty.
- Uncomfortable — I need the strongest possible evidence before deciding.

### My primary concerns about HRT (check all that apply):

- Breast cancer risk
- Blood clot risk
- Other cancer risk
- Long-term unknowns
- Short-term side effects
- Cost
- Distrust of pharmaceutical companies
- Preference for non-medical approaches
- My doctor hasn't explained it well enough

**Other:**

---

### My primary reasons for considering HRT (check all that apply):

- Hot flashes / night sweats
- Sleep
- Vaginal or urinary symptoms
- Mood / emotional wellbeing
- Brain fog
- Bone health
- Sexual function
- Quality of life generally

### If my symptoms were significantly reduced, my life would:

- Not change much — symptoms are manageable as-is.
- Improve somewhat.
- Improve considerably.
- Change dramatically — my symptoms are destroying my ability to function.

## 8 PRACTICAL CONSIDERATIONS

### Do I have a provider I trust for this conversation?

- Yes
- Not really
- No — I need to find one (the Menopause Society lists certified practitioners at [menopause.org](http://menopause.org))

**Have I discussed HRT with a provider before?**

Yes  No

**If yes, what happened:**

---

**Cost concerns?**

Yes  No  Insurance coverage: Y / N / Not sure

**Is there someone who knows I'm navigating this decision?**

Yes  No

**Practical concerns about delivery methods:**

---

## SECTION 3 — WHAT I'M WALKING IN WITH

**The one page you hand your doctor at the start of the appointment — your Doctor Summary**

**How to use this page:** Fill it in completely. Photograph it before you go — so you have a copy. Walk in. Sit down. Hand it over. This single action changes the dynamic of the appointment more than anything else you can do.

*This page is designed to be photographed and shared. If it helps you, it'll help the next woman too.*

### WHAT I'M WALKING IN WITH

Please read this before we start. Thank you.

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

**Today I want to discuss:**

Whether HRT is an option for me    My specific risk concerns    Non-hormonal alternatives    Adjusting my current treatment

\_\_\_\_\_

**MY MENOPAUSE STATUS**

**Last period approx:** \_\_\_\_\_

**Hysterectomy:** Y / N   **Ovaries removed:** Y / N / Not sure

\_\_\_\_\_

**MY TOP 3 SYMPTOMS RIGHT NOW**

<b>1.</b>		<b>Severity:</b> ___/10
<b>2.</b>		<b>Severity:</b> ___/10
<b>3.</b>		<b>Severity:</b> ___/10

**These symptoms are affecting my:**

Sleep    Work    Relationships    Sexual health    Sense of self

**Quality of life vs 2 years ago:** \_\_\_/10 (1 = much worse, 10 = same as before)

---

**KEY MEDICAL HISTORY**

**Family history of breast cancer:**

No    Yes — relationship: \_\_\_\_\_ age at diagnosis: \_\_\_\_\_ pre/post-menopausal: \_\_\_\_\_

**Personal history of breast cancer:**

No    Yes — year: \_\_\_\_\_

**History of blood clots:**

No    Yes — DVT    Yes — PE

**Migraine with aura:**

No    Yes

**Other relevant history I want you to know:**

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**MY TOP 3 CONCERNS ABOUT HORMONE THERAPY**

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

**MY SINGLE MOST IMPORTANT QUESTION FOR TODAY**

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### WHAT I WANT FROM THIS APPOINTMENT

- To understand whether HRT is an option for me
- To understand my specific risk profile
- To understand formulation options
- To get a prescription I understand and feel confident about
- To explore non-hormonal alternatives
- To discuss stopping or adjusting current treatment

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## SECTION 4 — FIRST MONTH LOG

### Track what changes — day by day

The first month is not a verdict. It's an adjustment period. Most early side effects are mild, temporary, and resolve within 4–8 weeks. This log gives you data for your 6-week follow-up appointment — the difference between 'I think I feel better? Maybe?' and 'here's what actually changed, week by week.'

**Normal in month 1 (don't stop):** Breast tenderness, light spotting, mild headache, transient nausea, skin irritation at patch site, morning drowsiness (micronized progesterone taken at night is sedating by design).

**Call your doctor:** Breast tenderness that worsens after 6–8 weeks, persistent spotting after 3 months, significant mood change, new or worsening headaches.

**Go to the ER / call 999 or 911:** Leg pain or swelling, chest pain, shortness of breath, sudden severe headache, vision changes, weakness or numbness in face/arm/leg. These are rare — but you should know them.

**Start date:** \_\_\_\_\_

**Formulation started:** \_\_\_\_\_

**Dose:** \_\_\_\_\_

**Prescribed by:** \_\_\_\_\_

**6-week follow-up booked:** \_\_\_\_\_

Day	Hot flashes #	Night sweats	Sleep hrs	Sleep quality 1–10	Mood 1–10	Side effects (describe)	Overall 1– 10
1							
2							
3							
4							
5							
6							
7							
<b>Wk 1</b>							
8							

9							
10							
11							
12							
13							
14							
Wk 2							
15							
16							
17							
18							
19							
20							
21							
Wk 3							
22							
23							
24							
25							
26							
27							
28							
Wk 4							

**Month 1 — in my own words:**

**What changed most:**

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**What concerned me (if anything):**

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How do I feel overall compared to before I started?

1 = worse

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Questions for my 6-week follow-up:

1.

2.

3.

## SECTION 5 — ANNUAL REVIEWS

### Revisit every year — or sooner if something changes

The hormone decision is not a checkbox. It's a conversation you have with your doctor every year — as your health changes, as your symptoms evolve, as the evidence updates. The women who feel most confident about their decision are the ones who revisit it intentionally, not the ones who set it and forget it.

**Trigger an early review if:** New diagnosis (breast cancer, cardiovascular disease, VTE). New medication that may interact. Unexpected return of symptoms. Unexplained vaginal bleeding. Significant health change (surgery, major weight change, new hypertension). You just stopped HRT and symptoms came back badly.

**Download the digital 5-year Annual Review bundle:** [thefemalevariable.substack.com](http://thefemalevariable.substack.com) — printable PDFs, updated when the evidence changes. Free for book owners and newsletter subscribers.

# ANNUAL REVIEW — YEAR 1 Date: \_\_\_\_\_

## 1. What has changed in my health since last year?

**New diagnoses or findings:**

---



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**New medications:**

---

## 2. How are my symptoms now?

**Hot flash frequency per day:**

0 = none

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Sleep quality:**

1 = very poor

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Overall quality of life vs last year:**

1 = worse

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Side effects or concerns (describe):**

---

## 3. Current formulation and dose:

**Estrogen product & dose:**

---

**Progestogen product & dose:**

---

**Testosterone (if applicable):**

---

**Is this working well?**

Yes — continue    Mostly — consider adjustment    No — needs change

## 4. Has anything changed in my risk profile?

**Family history update (new diagnoses in relatives):**

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**Latest screening results:**

**Mammogram date & result:**

---

**Bone density (DXA) date & result:**

---

**5. My decision for this year:**

- Continue — no change
- Continue — adjust dose or formulation (details below)
- Consider stopping — discuss tapering plan
- Stop — symptoms have resolved / risks outweigh benefits
- Restart — symptoms returned after stopping

**Details / notes / what my doctor said:**

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**Next review date:** \_\_\_\_\_

*"The woman who revisits her decision is not the woman who can't make up her mind. She's the woman who understands that good decisions are maintained, not abandoned."*

**ANNUAL REVIEW — YEAR 2** Date: \_\_\_\_\_

**1. What has changed in my health since last year?**

**New diagnoses or findings:**

---



---

**New medications:**

---

**2. How are my symptoms now?**

**Hot flash frequency per day:**

0 = none

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Sleep quality:**

1 = very poor

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Overall quality of life vs last year:**

1 = worse

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Side effects or concerns (describe):**

---

**3. Current formulation and dose:**

**Estrogen product & dose:**

---

**Progestogen product & dose:**

---

**Testosterone (if applicable):**

---

**Is this working well?**

- Yes — continue    Mostly — consider adjustment    No — needs change

**4. Has anything changed in my risk profile?**

**Family history update (new diagnoses in relatives):**

---

**Latest screening results:**

**Mammogram date & result:**

---

**Bone density (DXA) date & result:**

---

**5. My decision for this year:**

- Continue — no change
- Continue — adjust dose or formulation (details below)
- Consider stopping — discuss tapering plan
- Stop — symptoms have resolved / risks outweigh benefits
- Restart — symptoms returned after stopping

**Details / notes / what my doctor said:**

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**Next review date:** \_\_\_\_\_

*"The woman who revisits her decision is not the woman who can't make up her mind. She's the woman who understands that good decisions are maintained, not abandoned."*

**ANNUAL REVIEW — YEAR 3** Date: \_\_\_\_\_

**1. What has changed in my health since last year?**

**New diagnoses or findings:**

---



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**New medications:**

---

**2. How are my symptoms now?**

**Hot flash frequency per day:**

0 = none

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Sleep quality:**

1 = very poor

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Overall quality of life vs last year:**

1 = worse

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Side effects or concerns (describe):**

---

**3. Current formulation and dose:**

**Estrogen product & dose:**

---

**Progestogen product & dose:**

---

**Testosterone (if applicable):**

---

**Is this working well?**

Yes — continue    Mostly — consider adjustment    No — needs change

**4. Has anything changed in my risk profile?**

**Family history update (new diagnoses in relatives):**

---

**Latest screening results:**

**Mammogram date & result:**

---

**Bone density (DXA) date & result:**

---

**5. My decision for this year:**

- Continue — no change
- Continue — adjust dose or formulation (details below)
- Consider stopping — discuss tapering plan
- Stop — symptoms have resolved / risks outweigh benefits
- Restart — symptoms returned after stopping

**Details / notes / what my doctor said:**

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**Next review date:** \_\_\_\_\_

*"The woman who revisits her decision is not the woman who can't make up her mind. She's the woman who understands that good decisions are maintained, not abandoned."*

**ANNUAL REVIEW — YEAR 4** Date: \_\_\_\_\_

**1. What has changed in my health since last year?**

**New diagnoses or findings:**

---



---

**New medications:**

---

**2. How are my symptoms now?**

**Hot flash frequency per day:**

0 = none

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Sleep quality:**

1 = very poor

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Overall quality of life vs last year:**

1 = worse

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Side effects or concerns (describe):**

---

**3. Current formulation and dose:**

**Estrogen product & dose:**

---

**Progestogen product & dose:**

---

**Testosterone (if applicable):**

---

**Is this working well?**

- Yes — continue    Mostly — consider adjustment    No — needs change

**4. Has anything changed in my risk profile?**

**Family history update (new diagnoses in relatives):**

---

**Latest screening results:**

**Mammogram date & result:**

---

**Bone density (DXA) date & result:**

---

**5. My decision for this year:**

- Continue — no change
- Continue — adjust dose or formulation (details below)
- Consider stopping — discuss tapering plan
- Stop — symptoms have resolved / risks outweigh benefits
- Restart — symptoms returned after stopping

**Details / notes / what my doctor said:**

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**Next review date:** \_\_\_\_\_

*"The woman who revisits her decision is not the woman who can't make up her mind. She's the woman who understands that good decisions are maintained, not abandoned."*

**ANNUAL REVIEW — YEAR 5** Date: \_\_\_\_\_

**1. What has changed in my health since last year?**

**New diagnoses or findings:**

---



---

**New medications:**

---

**2. How are my symptoms now?**

**Hot flash frequency per day:**

0 = none

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Sleep quality:**

1 = very poor

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Overall quality of life vs last year:**

1 = worse

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**Side effects or concerns (describe):**

---

**3. Current formulation and dose:**

**Estrogen product & dose:**

---

**Progestogen product & dose:**

---

**Testosterone (if applicable):**

---

**Is this working well?**

- Yes — continue     Mostly — consider adjustment     No — needs change

**4. Has anything changed in my risk profile?**

**Family history update (new diagnoses in relatives):**

---

**Latest screening results:**

**Mammogram date & result:**

---

**Bone density (DXA) date & result:**

---

**5. My decision for this year:**

- Continue — no change
- Continue — adjust dose or formulation (details below)
- Consider stopping — discuss tapering plan
- Stop — symptoms have resolved / risks outweigh benefits
- Restart — symptoms returned after stopping

**Details / notes / what my doctor said:**

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**Next review date:** \_\_\_\_\_

*"The woman who revisits her decision is not the woman who can't make up her mind. She's the woman who understands that good decisions are maintained, not abandoned."*



- Yes     No     Not sure

**Which problem am I solving? (check all that apply)**

- Volatility — hormones swinging, not just low
- Deficiency — stable low estrogen
- Heavy or erratic bleeding
- Contraception
- Cyclical mood symptoms

**Is the combined pill off the table for me? (check any that apply)**

- Migraine with aura (visual shimmer, numbness, or speech change before the headache)
- Smoking — especially over 35
- High blood pressure, significant obesity, or established cardiovascular disease
- A personal or strong family history of blood clots

If you checked any box above, **the combined pill likely comes off the table — but symptom control and contraception don't.** Ask about a progestin-only pill, the levonorgestrel IUD, or transdermal estradiol paired with a non-hormonal method. The risk factor doesn't end the conversation; it chooses the route.

**Your options, side by side**

Option	What it does — and when it's not the right tool
Combined pill (patch/ring)	Flattens the hormonal swings, prevents pregnancy, and usually regulates bleeding — three problems at once. Not if any red flag above applies.
Progestin-only pill	Avoids the estrogen-driven clot risk; an option when the combined pill is off the table.
Levonorgestrel IUD	Excellent contraception, sharply reduces or stops heavy bleeding, and can later serve as the progestogen half of menopausal HRT when you add estrogen.
Transdermal estradiol ± progesterone / IUD	Treats symptoms at a lower hormone dose; pair with a non-hormonal contraceptive method if pregnancy prevention is still needed.

**3 · “Is it perimenopause or something else?” rule-out list**

**You meet the clinical definition** if your cycles have changed *and* you have the symptoms. A “normal” estrogen or FSH result does not rule perimenopause out — it's a photograph of one moment in a moving signal.

**Ask your clinician to rule out the common mimics (these overlap with perimenopause):**

- Thyroid function
- Iron / ferritin — especially with heavy perimenopausal bleeding

Routine estrogen/FSH testing is usually **not** recommended over 45 with typical symptoms. A hormone test earns its place only when:

- Symptoms or absent periods appear before 40 (to confirm premature ovarian insufficiency)
- A hysterectomy removed the periods that would otherwise mark the transition
- Another diagnosis needs ruling out

**Bring this sentence:** *“Perimenopause is diagnosed from my age, my cycle changes, and my symptoms — not a single hormone level. Can we check thyroid and iron, and treat the symptoms I actually have?”*

## SECTION 7 — COGNITIVE & MOOD SYMPTOM TRACKER

**Track the fog specifically — a written record both guides treatment and shrinks the fear**

A concrete record does two jobs: it gives a treatment trial something to be measured against three months later, and it almost always shrinks the fear, because written down the lapses usually turn out to be the ordinary, scattered kind.

**How to use this:** For two weeks, note what actually happens — word-finding, losing the thread, walking into a room and forgetting why — how often, and what it costs you at work and in conversation.

### 1 · Two-week tracker

Day	Date	Sleep hrs	Sleep /10	Mood /10	Fog /10	What actually happened today + what it cost me
1						
2						
3						
4						
5						
6						
7						
<b>Week 1 avg</b>						
8						
9						
10						
11						
12						
13						
14						
<b>Week 2 avg</b>						

*Fog scale: 0 = none · 10 = severe. Mood and sleep quality: 1 = very low/poor · 10 = excellent.*

### 2 · Ordinary lapse vs. red-flag checklist

Ordinary — the common, reassuring kind	Red flag — take to a doctor promptly
<i>Track it; usually transitional, not dementia</i>	<i>Warrants prompt medical / neurological assessment</i>
Word-finding pauses; losing the thread mid-sentence	Getting lost in familiar places; disorientation
Walking into a room and forgetting why	Trouble with familiar tasks or sequences

Misplacing keys or phone; scattered, stress- and sleep-linked

A clear downward trajectory others have noticed

#### **Mood — when it's more than the transition:**

Persistent low mood, loss of interest, hopelessness, or changes in appetite and concentration lasting weeks may be major depression — which needs its own treatment, not hormones alone.

**Any thoughts of harming yourself or not wanting to be here are the priority, today.** Please contact your doctor or a crisis line now — in the US and Canada call or text 988; in the UK call Samaritans on 116 123.

#### **Sleep — ask about a sleep study if these fit (apnea is underdiagnosed in women and no hormone fixes it):**

- Loud snoring; anyone witnessing you stop breathing or gasp in your sleep
- Waking unrefreshed however long you were in bed; morning headaches; heavy daytime sleepiness

### **3 · Rule-out labs to request**

**Before pinning fog, fatigue, or low mood on hormones, ask your clinician to check the treatable mimics:**

- Thyroid function
- Iron / ferritin (low iron is common after heavy perimenopausal bleeding)
- Vitamin B12
- Vitamin D

**Bring this sentence:** *“Before we assume it’s menopause, can we check thyroid, iron, B12, and vitamin D — and a sleep study if the snoring/daytime-sleepiness picture fits?”*

## SECTION 8 — BONE & METABOLIC CHECKLIST

**Bone loss is silent and fast early on — for a woman with real bone risk, that can outweigh how symptoms feel today**

Check your risk factors, ask for the two tools by name, and use the sorter to separate three questions that often arrive together — and that the marketplace is eager to glue into one.

**How to use this:** Bring the risk-factor list and the DXA/FRAX questions to your appointment, and use the sorter to be clear about which of the three questions you’re actually asking.

### 1 · Bone-risk-factor list

**Ask for a DXA scan earlier than 65 if any of these apply (check all):**

- Menopause before 45 (natural or surgical)
- Low body weight (BMI under 20)
- Long-term steroid use
- Smoking
- Rheumatoid arthritis or inflammatory bowel disease
- A prior fracture from a minor fall
- A parent who fractured a hip
- Noticeable height loss
- Heavy regular alcohol use
- Very sedentary, or a history of an eating disorder
- Low calcium or vitamin D

### 2 · DXA / FRAX questions to ask

- “Given my risk factors, should I have a DXA scan now?” (Recommended for all women at 65; earlier with risk factors.)
- “What’s my FRAX score — my 10-year probability of a major fracture — and does it cross the threshold where you’d treat?”
- “If bone is part of my reason for HRT, does that change your recommendation?”

**Read your T-score:** -2.5 or lower = osteoporosis · -1 to -2.5 = osteopenia (a risk state, not a disease) · above -1 = normal.

**Two honest limits on HRT for bone:** the protection fades roughly 3–5 years after stopping (so a bone-motivated plan needs a long-term plan from the start), and a bone-only case with no symptoms may suit a dedicated bone drug such as a bisphosphonate instead. Muscle matters too: resistance training 2–3× a week plus adequate protein preserves the muscle that prevents falls — and becomes essential if you’re on a weight-loss drug.

### 3 · The sorter: hormone, bone, or metabolic question?

*Prevention in midlife is not one decision but three adjacent ones, each with its own evidence and tools. HRT is one input into each — not the answer to any.*

Hormone question	Bone question	Metabolic question
<b>Signs</b>	<b>Signs</b>	<b>Signs</b>
Hot flashes, night sweats, sleep, mood, vaginal/urinary symptoms	Fracture risk, family hip fracture, early menopause, a low DXA/FRAX	Rising blood sugar / A1c, central weight gain, cardiometabolic risk
<b>Where it leads</b>	<b>Where it leads</b>	<b>Where it leads</b>

The HRT conversation — the main subject of this book	Bone medicine: HRT for the right woman, or a bisphosphonate	Its own evaluation, possibly an FDA-approved metabolic drug — HRT is not a weight-loss treatment
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**Bring this sentence:** *“I think I have more than one question here — can we separate the hormone question from the bone and metabolic ones?”*

## SECTION 9 — COMPLEX PROFILE PREP SHEET

**A flag usually steers the route or adds a specialist — it rarely means a true, permanent no**  
 “Fear is not a risk factor.” Specifics are what let a specialist reason about you. A complicated profile is a reason to bring more expertise to the decision — not to be turned away from it.

**How to use this:** Gather the actual records before the appointment, find the right specialist for your flag, and bring the questions that turn a reflexive “no” back into a real decision.

### 1 · Records-to-gather checklist

**Bring the specifics, not a vague summary (check what applies and write the details):**

- Breast cancer (yours or a relative’s): year, type, receptor status (ER/PR/HER2), treatment (e.g., tamoxifen, aromatase inhibitor); a relative’s age at diagnosis and pre/post-menopausal status
- Blood clot history: DVT or PE, year, provoked (surgery/immobility/pregnancy) or unprovoked; any clotting disorder (e.g., Factor V Leiden); current anticoagulation
- Genetic testing: BRCA1/2 or panel — the actual result
- Bone: most recent DXA T-score and date; FRAX score if done
- Cardiac: specific diagnoses and events with dates; current medications; blood pressure
- Menopause status: surgical (ovaries removed — date, both?), POI, or hysterectomy date
- Current medications and key past treatments

### 2 · Which specialist for which flag

Flag on your profile	Who to involve
Migraine with aura	A menopause clinician who knows the route evidence (favors a patch/gel over the pill)
Personal clot history / clotting disorder	Hematologist + menopause clinician
Established cardiovascular disease	Cardiologist + menopause clinician
Personal history of breast cancer	Oncologist (defines what’s safe) + menopause-literate clinician
BRCA mutation / risk-reducing surgery	Genetic counselor, breast specialist, or gynecologic oncologist
Surgical menopause (esp. before natural age)	A clinician who treats surgical menopause — the case for replacement is often strong
Premature ovarian insufficiency (before 40)	A POI specialist — guidelines lean toward treatment to about age 51
Autoimmune / inflammatory condition	Your treating specialist + menopause clinician
Active liver disease	Liver specialist + menopause clinician
<b>Unexplained vaginal bleeding</b>	Evaluate this <b>FIRST</b> , before any hormone therapy — a true, temporary stop

### 3 · Questions that turn a reflexive “no” into a conversation

- “Is your concern about all systemic estrogen, or about oral specifically?”
- “Does a transdermal (patch or gel) route change your recommendation?”
- “Is low-dose vaginal estrogen a separate option for my local symptoms?”
- “If we proceed, what would we monitor, and how often?”
- “Which specialist would you involve — and can we build this as a team?”

**The pattern underneath every flag:** it steers the route (most often toward transdermal), adds a specialist, or opens the local-only door — far more often than it means a flat, permanent no. Surgical menopause and POI usually lean toward treatment, not away.

## A Note on the Digital Version

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Every page in this workbook is also available as a printable PDF at [thefemalevariable.substack.com](https://thefemalevariable.substack.com). When you are there you'll also receive:

- **The 5-year Annual Review bundle** — printable PDFs you can reuse without destroying your physical workbook
- **The Evidence Cheat Sheet** — a one-page reference showing the evidence tier for the most commonly cited HRT claims, formatted for quick reference
- **The Menopause Society Provider Directory link** — a direct path to finding a certified menopause practitioner near you
- **Evidence updates** — when the research landscape changes, we update the digital tools to reflect it. Your physical workbook reflects the evidence as of 2026. The digital version is updated as needed.

The website also links to **The Hormone Decision**, the full companion book on which this workbook is based. If you're working through this workbook without having read the book, the companion is where the evidence behind every domain in Section 2 is explained in full — body system by body system, evidence tier by evidence tier, with absolute risk numbers, not just relative percentages.

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**Not pro-HRT. Not anti-HRT.**

**Pro-you.**

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