ASHLEY STEVENS

WHAT THE HELL IS HAPPENING TO MY BODY?

A no-BS guide to navigating perimenopause with more clarity, better questions, and a plan you can actually use.

You are not lazy. You are not losing it. And you do not have to white-knuckle your way through this chapter.

Created by Your Peri BFF

42. Mom of three. Full-time corporate job. Perimenopause in real life.

START HERE

First: you are not imagining it.

Perimenopause is the transition leading up to menopause. Hormone levels can rise and fall, and the experience can look completely different from one person to the next.

Menopause is reached after 12 consecutive months without a menstrual period when there is no other cause. Perimenopause can begin years before that milestone. Changes may show up in your cycle, sleep, body temperature, mood, concentration, sexual health, body composition, or all of the above.

The goal of this guide is not to diagnose you. It is to help you notice patterns, name what is disrupting your life, and walk into your appointment prepared.

How to use this guide

1. Circle or check the symptoms that feel familiar.
2. Track patterns for two to four weeks.
3. Choose your top three concerns.
4. Bring the provider-prep pages to your appointment.
5. Pick one or two realistic daily actions - not twelve.

A note from Ashley

I spent years doing all the things while still feeling uncomfortable in my body. My own path has included conversations with my providers, strength training, nutrition, sleep, hormone care, and other tools. What helped me is my story - not a prescription for yours. My biggest lesson? Stop dismissing yourself. Get curious, gather information, and ask better questions.

01

The symptom reality check

Symptoms can overlap with other conditions, so patterns matter. Check what you have noticed and add anything missing.

Cycle + temperature	Brain + mood	Body + energy
[ ] Cycle timing changed [ ] Flow heavier/lighter [ ] Spotting [ ] Hot flashes [ ] Night sweats	[ ] Brain fog [ ] Memory changes [ ] Irritability [ ] Anxiety [ ] Low mood	[ ] Fatigue [ ] Weight/body changes [ ] Headaches [ ] Joint/muscle aches [ ] Palpitations
Sleep	**Sexual + urinary**	**Skin + hair**
[ ] Trouble falling asleep [ ] Waking overnight [ ] Waking too early [ ] Unrefreshed sleep	[ ] Vaginal dryness [ ] Pain with sex [ ] Lower desire [ ] Urgency/leaking [ ] More UTIs	[ ] Dry/itchy skin [ ] Hair thinning [ ] Mouth/gum changes [ ] Other: _____

Your top three disruptions: 1. _____ 2. _____ 3. _____

Do not assume every symptom is perimenopause. Thyroid problems, anemia, sleep disorders, medication effects, depression, anxiety, pregnancy, and other conditions can overlap. A clinician can help sort out what needs evaluation.

02

Your 14-day pattern tracker

Use simple scores: 0 = none, 1 = mild, 2 = moderate, 3 = severe. Add a short note about sleep, stress, cycle timing, or anything unusual.

Day	Sleep	Heat / sweats	Mood	Energy	Brain fog	Body pain	Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

Patterns I noticed: _____

What made symptoms better or worse: _____

03

Walk into the appointment prepared

A useful visit is about impact, patterns, history, and goals - not proving that you are suffering enough.

Use this sentence if you freeze: 'These symptoms are affecting my daily life. I want to understand the options, what is appropriate for me, and how we will follow up.'

Bring this

[ ] Bring your symptom tracker and cycle/bleeding notes.

[ ] List current prescriptions, hormones, supplements, and doses.

[ ] Write down personal and family history, including blood clots, stroke, heart disease, breast or uterine cancer, osteoporosis, migraine, and liver disease.

[ ] Note what you have already tried and what happened.

[ ] Choose the top three symptoms you most want help with.

[ ] Write your goals: sleep, hot flashes, mood, sexual comfort, bleeding, bone health, or something else.

Questions worth asking

[ ] Could another condition or medication be contributing to these symptoms?

[ ] Based on my age, history, and symptoms, do I need testing - and what would the result change?

[ ] What hormonal and non-hormonal options fit my priorities?

[ ] What are the benefits, risks, side effects, and alternatives for me?

[ ] If I have a uterus and use systemic estrogen, what protection does my uterine lining need?

[ ] What follow-up plan and warning signs should I know?

[ ] How will we judge whether this plan is working?

GO DEEPER

Questions for your whole midlife health picture

These original prompts are inspired by the whole-body themes emphasized in Dr. Mary Claire Haver's menopause education. Choose the questions that match your history and priorities.

CYCLE + BLEEDING	[ ] Do my bleeding changes fit a typical perimenopause pattern, or do they need separate evaluation? [ ] What changes should trigger imaging, an exam, or additional testing? [ ] How do my ablation, IUD, hysterectomy, contraception, or other gynecologic history affect how we assess menopause?
HEART + METABOLIC HEALTH	[ ] How are my blood pressure, cholesterol, blood sugar, waist changes, sleep, and family history affecting my long-term risk? [ ] Which baseline measurements should we review now, and how often should they be repeated? [ ] Could sleep apnea, thyroid disease, medication effects, or insulin resistance be contributing to how I feel?
BONE + MUSCLE	[ ] What are my personal osteoporosis and fracture risk factors? [ ] Do I need a bone-density scan earlier than routine screening based on my history? [ ] What strength, balance, calcium, vitamin D, or protein guidance is appropriate for me?
BRAIN + MOOD + SLEEP	[ ] How do we separate hormone-related symptoms from depression, anxiety, ADHD, medication effects, or a sleep disorder? [ ] Which treatments could help sleep without creating new risks or next-day impairment? [ ] What cognitive or neurologic changes should not be assumed to be perimenopause?

Questions I want answered first: _____

What outcome would make treatment feel worthwhile to me:

_____

GO DEEPER

A more specific hormone-therapy conversation

Hormone therapy is individualized. These questions help you move beyond a simple yes-or-no conversation and understand the reasoning behind a recommendation.

FIT	[ ] Am I a candidate for systemic hormone therapy, local vaginal therapy, both, or neither - and why? [ ] Which parts of my personal and family history change the benefit-risk discussion? [ ] What non-hormonal choices could target my most disruptive symptoms?
FORMULATION + ROUTE	[ ] Why are you recommending this route - patch, gel, spray, pill, ring, cream, or another option - for me? [ ] If I have a uterus, what type and schedule of progestogen is appropriate for uterine protection? [ ] How will contraception needs be handled separately from symptom treatment?
SEXUAL + URINARY HEALTH	[ ] Could genitourinary syndrome of menopause explain my dryness, pain, urgency, leaking, or recurrent urinary symptoms? [ ] What local treatments, moisturizers, lubricants, pelvic-floor care, or other evaluation should we discuss? [ ] If low desire is a concern, what medical, medication, relationship, pain, sleep, and hormone factors should be evaluated?
FOLLOW-UP	[ ] What should improve first, and what timeline is realistic? [ ] Which side effects or bleeding changes should make me contact you? [ ] When will we reassess symptoms, blood pressure, screening needs, and whether the plan still fits?

Ask your clinician to explain the plan in plain language: what it targets, why it fits you, what could go wrong, and when you will reassess.

Inspired by themes in The 'Pause Life and Dr. Mary Claire Haver's menopause education. This guide is not affiliated with or endorsed by Dr. Haver. Questions are original and medically grounded in the independent sources listed at the end.

04

Treatment is not one-size-fits-all

The right conversation depends on your symptoms, health history, preferences, uterus status, contraception needs, and personal risk factors.

Conversation	What to ask
Menopausal hormone therapy	Which symptoms may improve? Which route and dose fit me? If I have a uterus, do I need a progestogen? What risks apply to my history?
Vaginal / urinary symptoms	Would moisturizers, lubricants, or a prescription local treatment be appropriate? Could recurrent urinary symptoms need separate evaluation?
Non-hormonal options	What medications or cognitive behavioral approaches may help hot flashes, sleep, low mood, or anxiety if hormones are not wanted or appropriate?
Contraception	Do I still need contraception? Remember: menopausal hormone therapy is not birth control.
Supplements	What is the evidence, what might interact with my medications, and what should I avoid? 'Natural' does not automatically mean safe.

Testing note

Perimenopause is often evaluated using age, symptoms, menstrual history, and medical history. Hormone levels can fluctuate, so a single test may not tell the whole story. Testing can still be useful when a clinician is evaluating other possible causes or a less typical situation.

Medication decisions belong with a qualified clinician who knows your history. Never start, stop, or change a prescription based on this guide.

05

The boring basics are not basic

They will not erase perimenopause, but they can support sleep, mood, bone, muscle, heart, and metabolic health while you work with your provider.

STRENGTH	Aim for muscle-strengthening work at least 2 days each week, adjusted for your ability and medical needs. Start with movements you can repeat consistently.
MOVEMENT	Adults generally benefit from at least 150 minutes of moderate-intensity activity per week, or an equivalent mix. Some is better than none; build gradually.
FOOD	Build meals around protein, fiber-rich foods, produce, and adequate calcium. Your exact needs are personal; a registered dietitian can help with medical or complex nutrition needs.
SLEEP	Keep a consistent wake time, make the room cool and dark, and track whether caffeine, alcohol, stress, or late meals affect sleep or night sweats.
RECOVERY	Stress does not cause every symptom, but it can make a hard season harder. Schedule actual recovery: walking, quiet time, therapy, breathing practice, connection, or whatever reliably downshifts you.

Do not try to overhaul your entire life on Monday. Pick the lever that would make the next week 10% easier.

My one lever this week: _____

06

Your four-week clarity plan

Small, repeatable steps. The assignment is information and momentum - not perfection.

WEEK 1	**NOTICE**	Track symptoms, sleep, cycle changes, and the biggest disruptions. Do not judge the data.
WEEK 2	**SUPPORT**	Choose one sleep action and two movement sessions. Build one repeatable meal you can rely on.
WEEK 3	**PREPARE**	Make your medication/supplement list, family history notes, goals, and provider questions.
WEEK 4	**ADVOCATE**	Have the appointment or schedule it. Choose a follow-up date and write down the plan in your own words.

My plan

[ ] The symptom I most want to improve: _____

[ ] The provider or practice I will contact: _____

[ ] The date I will contact them: _____

[ ] The daily action I can repeat: _____

[ ] The person I can ask for support: _____

[ ] My follow-up date: _____

07

Know when not to wait

Perimenopause can explain a lot, but it should not become a catch-all explanation for every new symptom.

Contact a clinician promptly if your bleeding pattern changes and becomes heavier, if you have concerning palpitations, or if symptoms are disrupting your daily life.

Bleeding after menopause

If you have gone 12 months without a period and then have any vaginal bleeding - even once, even spotting - it needs medical evaluation.

Urgent or emergency symptoms

Seek urgent medical care for chest pain, trouble breathing, fainting, signs of stroke, severe or rapidly worsening symptoms, or thoughts of harming yourself. In the United States, call 911 for an emergency. Call or text 988 for immediate suicide and crisis support.

Mental health counts

Mood changes can happen during the menopause transition, but you deserve support. New or worsening depression, anxiety, panic, or intrusive thoughts should be discussed with a qualified professional.

This page cannot cover every warning sign. When something feels severe, sudden, or unsafe, seek care rather than waiting for a routine visit.

CLOSING NOTE

You are allowed to ask for more.

More information. More options. More support. More than 'this is just aging.'

Your body may be changing, but you are still in it - and you still get a say in how you move through this chapter.

Track it. Name it. Ask about it. Then build a plan that fits your real life.

Stay connected

Visit YourPeriBFF.com or email Ashley@YourPeriBFF.com. Ashley shares personal experience and general education as an independent EllieMD Brand Partner. She is not your clinician and does not diagnose, prescribe, or select doses.

Sources and further reading

NHS: Menopause and perimenopause overview, symptoms, treatment, and self-care
nhs.uk/conditions/menopause-and-perimenopause/

CDC: Adult physical activity recommendations
cdc.gov/physical-activity-basics/guidelines/adults.html

MedlinePlus: Hormone therapy for menopause
medlineplus.gov/hormonetherapyformenopause.html

NIDDK: Prescription medications to treat overweight and obesity
niddk.nih.gov/health-information/weight-management/prescription-medications-treat-overweight-obesity

Prepared September 2026. Medical guidance changes; verify important decisions with a licensed professional and current primary sources.