

SHOULD I GET THIS CHECKED?

A Power Reset Path appointment-prep tool

Perimenopause can explain a lot. It should not become an explanation for everything. Use this page to organize what you are noticing and decide what conversation may need another set of eyes. This is not a diagnostic symptom checker.

NOTICE What actually changed?	WIDEN What else belongs in the picture?	CHOOSE What is the appropriate next step?
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1 NOTICE — Bring the story, not the diagnosis

What changed? _____ _____
When did it start? _____
How often does it happen, and how long does it last? _____
How severe or disruptive is it? _____
What makes it better or worse? _____
What happens with it? (other symptoms, timing, circumstances) _____

2 WIDEN — What else belongs in the picture?

Recent changes I should mention ■ Medication ■ Supplement ■ Illness ■ Sleep ■ Stress/life circumstances ■ Alcohol/caffeine ■ Nutrition/hydration ■ Pregnancy possibility, if applicable ■ Other: _____	Relevant context Existing health conditions, family history, or anything else that may matter: _____ _____ _____ What am I most concerned about? _____ _____
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3 CHOOSE — What conversation does this need?

WORTH MENTIONING New, persistent, changing, disruptive, or simply concerning. Bring it to an appropriate healthcare visit.	WORTH EVALUATING Something has changed enough that you do not want to assume hormones are the whole explanation. Make an appointment.	WORTH ACTING ON NOW Potentially urgent or severe symptoms need timely or emergency care—not a future menopause appointment.
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What do I want help understanding? _____ _____

You do not need to know what is causing a symptom before you ask for help. “Common in perimenopause” and “should never be evaluated” are not the same statement.

Urgent note: This tool is not an exhaustive emergency-symptom list. Call 911 or your local emergency number for potentially life-threatening symptoms. In the U.S., call or text 988 for a mental-health or suicide crisis.