The 90-Day Refill Pack

Fresh weekly spreads and monthly check-ins — ready for your next 90 days.

This pack mirrors the pages of You're Not Imagining It so the tracking doesn't have to stop when the book is full. Print the whole pack, or just the week you need: each week gets a symptom page and a habits, sleep & reflection page. About once a month, re-score everything on a monthly check-in page and compare your total to your baseline. Before your next appointment, fill in the Doctor-Visit Summary at the back and bring it with you.

Use the same 0–4 scale you used in the book, so your trend keeps meaning something:

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

— Aileen

WEEK 1 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 1 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

WEEK 2 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 2 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

WEEK 3 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 3 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

WEEK 4 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 4 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

Monthly check-in #1

Re-score every symptom today, then compare your total to your starting baseline. Is the trend up, down, or steady? Note it below.

	0	1	2	3	4
Hot flashes	☐	☐	☐	☐	☐
Night sweats	☐	☐	☐	☐	☐
Low mood	☐	☐	☐	☐	☐
Irritability	☐	☐	☐	☐	☐
Anxiety / worry	☐	☐	☐	☐	☐
Brain fog / focus	☐	☐	☐	☐	☐
Sleep quality	☐	☐	☐	☐	☐
Fatigue / low energy	☐	☐	☐	☐	☐
Joint or muscle aches	☐	☐	☐	☐	☐
Headaches	☐	☐	☐	☐	☐
Heart flutters	☐	☐	☐	☐	☐
Vaginal dryness	☐	☐	☐	☐	☐
Bladder changes	☐	☐	☐	☐	☐
Libido / desire	☐	☐	☐	☐	☐
Your own: _____	☐	☐	☐	☐	☐
Your own: _____	☐	☐	☐	☐	☐

Date: _____ Total score: _____ / 64 Trend vs baseline: up / down / steady

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

WEEK 5 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 5 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

WEEK 6 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 6 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

WEEK 7 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 7 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

WEEK 8 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 8 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

Monthly check-in #2

Re-score every symptom today, then compare your total to your starting baseline. Is the trend up, down, or steady? Note it below.

	0	1	2	3	4
Hot flashes	☐	☐	☐	☐	☐
Night sweats	☐	☐	☐	☐	☐
Low mood	☐	☐	☐	☐	☐
Irritability	☐	☐	☐	☐	☐
Anxiety / worry	☐	☐	☐	☐	☐
Brain fog / focus	☐	☐	☐	☐	☐
Sleep quality	☐	☐	☐	☐	☐
Fatigue / low energy	☐	☐	☐	☐	☐
Joint or muscle aches	☐	☐	☐	☐	☐
Headaches	☐	☐	☐	☐	☐
Heart flutters	☐	☐	☐	☐	☐
Vaginal dryness	☐	☐	☐	☐	☐
Bladder changes	☐	☐	☐	☐	☐
Libido / desire	☐	☐	☐	☐	☐
Your own: _____	☐	☐	☐	☐	☐
Your own: _____	☐	☐	☐	☐	☐

Date: _____ Total score: _____ / 64 Trend vs baseline: up / down / steady

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

WEEK 9 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 9 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

WEEK 10 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 10 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

WEEK 11 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 11 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

WEEK 12 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 12 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

WEEK 13 · Dates _____ to _____

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flashes							
Night sweats							
Low mood							
Irritability							
Anxiety / worry							
Brain fog / focus							
Sleep quality							
Fatigue / low energy							
Joint or muscle aches							
Headaches							
Heart flutters							
Vaginal dryness							
Bladder changes							
Libido / desire							
Your own: _____							
Your own: _____							

Worst day this week: _____

What helped:

_____

WEEK 13 · habits, sleep & reflection

HABITS & POSSIBLE TRIGGERS

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise							
Alcohol							
Caffeine							
Water							
Stress (0–4)							

SLEEP

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours							
Quality (0–4)							

THIS WEEK'S REFLECTION

What pattern am I noticing? What do I want to remember for my doctor?

☐ **Flag something here for my next doctor visit**

Monthly check-in #3

Re-score every symptom today, then compare your total to your starting baseline. Is the trend up, down, or steady? Note it below.

	0	1	2	3	4
Hot flashes	☐	☐	☐	☐	☐
Night sweats	☐	☐	☐	☐	☐
Low mood	☐	☐	☐	☐	☐
Irritability	☐	☐	☐	☐	☐
Anxiety / worry	☐	☐	☐	☐	☐
Brain fog / focus	☐	☐	☐	☐	☐
Sleep quality	☐	☐	☐	☐	☐
Fatigue / low energy	☐	☐	☐	☐	☐
Joint or muscle aches	☐	☐	☐	☐	☐
Headaches	☐	☐	☐	☐	☐
Heart flutters	☐	☐	☐	☐	☐
Vaginal dryness	☐	☐	☐	☐	☐
Bladder changes	☐	☐	☐	☐	☐
Libido / desire	☐	☐	☐	☐	☐
Your own: _____	☐	☐	☐	☐	☐
Your own: _____	☐	☐	☐	☐	☐

Date: _____ Total score: _____ / 64 Trend vs baseline: up / down / steady

0 none · 1 mild · 2 moderate · 3 strong · 4 very strong

Doctor-Visit Summary

Fill this in before your appointment, then bring it with you. Lead with what matters most.

Date: _____ **Appointment with:** _____

My top 3 symptoms right now (worst first):

What's getting worse / what changed:

What I've tried, and whether it helped:

Current medications, HRT, and supplements:

My questions (including: is HRT an option for me?):