
HEYSHANTAQ

FREE GUIDE 01 · PERIMENOPAUSE

IS IT PERIMENOPAUSE OR AM I TRIPPING?

The Real-Talk Symptom Decoder for Women Who Know Something Has Shifted

A bold, validating guide that helps women identify, track, and explain possible perimenopause symptoms without panic, shame, or being dismissed.

Real conversations. Real decisions. Real shifts. Bring the receipts.

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The Real-Talk Symptom Decoder for Women Who Know Something Has Shifted

Hey Shanta Q Free Guide 01

Theme: Humor. Healing. High Impact.

Real-talk medical note: This guide is educational and is not a diagnosis, treatment plan, or substitute for medical care. If you have symptoms that feel severe, sudden, unusual, or frightening, seek urgent care. If you think you may be having a heart attack or stroke, call 911 immediately.

Why this guide exists

Perimenopause can feel like your body quietly changed the rules and forgot to send you the memo. One month you are managing life, work, family, love, and purpose. Then suddenly your sleep is broken, your patience is thin, your period is unpredictable, your brain feels foggy, and you are wondering whether it is stress, aging, hormones, or something deeper.

You are not “tripping.” During the transition toward menopause, shifting hormone levels can affect menstrual patterns and symptoms such as hot flashes, sleep problems, vaginal or urinary changes, mood changes, and memory or focus concerns.[1] Research on perimenopause care shows that women feel most satisfied when clinicians **listen, validate their experience, acknowledge perimenopause as a possible explanation, and work with them on a plan.**[2]

Hey Shanta Q truth: If your body is speaking louder than usual, do not silence it. Translate it.

The symptom decoder

Perimenopause does not look the same for every woman. Some women notice irregular periods first. Others notice sleep, mood, weight, brain fog, libido, vaginal dryness, or anxiety-like symptoms before they ever have a classic hot flash. ACOG’s patient education materials describe perimenopause as a period that can begin

earlier and last longer than many women expect, with symptoms that can affect daily life, work, sex, mood, and memory.[3]

If you are noticing...	It may be worth tracking...	Ask yourself this real-talk question
Periods that are heavier, lighter, closer together, farther apart, or unpredictable	Cycle dates, flow, clots, pain level, missed periods	“Is this a pattern, or a one-time surprise?”
Night sweats, hot flashes, or cold flashes	Time of day, triggers, sleep disruption, caffeine/alcohol/spicy food	“What was happening right before my body heated up?”
Brain fog, forgetfulness, word-finding issues, work mistakes	Sleep hours, stress, cycle timing, medication changes	“Is this affecting my job, safety, or daily functioning?”
Mood swings, irritability, anxiety, crying spells, rage	Triggers, cycle timing, sleep, relationship stress	“Does this feel out of character for me?”
Vaginal dryness, painful sex, urinary urgency, recurrent UTIs	Pain, dryness, urinary symptoms, libido changes	“Am I avoiding intimacy or activities because of discomfort?”
Weight, body composition, hair, and skin changes	Waist measurement, strength, nutrition, labs, medication history	“Am I blaming myself before checking what changed biologically?”

What is common and what should not be ignored

Many perimenopause symptoms are common, but common does not mean “you have to suffer in silence.” The Office on Women’s Health notes that treatments and strategies may help with hot flashes, vaginal dryness, sleep disruption, urinary symptoms, and mood changes, and encourages women to talk with a healthcare professional about symptoms.[1]

Symptom or situation	Why it matters	What to do next
Very heavy bleeding, bleeding after sex, or bleeding after 12 months without a period	Bleeding changes can have causes beyond perimenopause	Schedule a medical evaluation promptly.
Chest pressure, shortness of breath, severe dizziness, fainting, jaw/back/arm pain, or sudden unusual fatigue	These can be heart-related warning signs in women	Call 911 if symptoms feel urgent or heart-related.
Depression, panic, rage, or anxiety that feels unmanageable	Mental health symptoms deserve serious care	Ask for support; seek urgent help if you might harm yourself.
Painful sex, vaginal burning, urinary issues, or recurrent UTIs	Genitourinary symptoms are treatable and not “just aging”	Ask specifically about menopause-related vaginal/urinary changes.
Brain fog that threatens work, driving, medication use, or safety	Cognitive changes may be hormonal, sleep-related, medication-related, thyroid-related, or neurological	Ask for a full evaluation instead of assuming it is “just hormones.”

The three-minute symptom story

When you go to the doctor, do not arrive with a cloud of symptoms and leave with a cloud of confusion. Arrive with a story. Keep it concise, specific, and impossible to minimize.

Part of your story	Fill-in prompt	Example language
What changed	“My biggest change is...”	“My biggest change is waking drenched in sweat four nights a week.”
When it started	“This began...”	“This started about eight months ago and has become more frequent.”
How often	“It happens...”	“It happens most nights before my period and sometimes at work.”
How it affects life	“It is affecting...”	“It is affecting my sleep, patience, focus, and intimacy.”
What you need	“Today I want to discuss...”	“Today I want to discuss whether this could be perimenopause and what my options are.”

Expert tips that make the visit stronger

First, track patterns before you self-blame. Track symptoms for two to four weeks. Include cycle dates, sleep, stress, caffeine, alcohol, exercise, hot flashes, mood, libido, urinary symptoms, vaginal symptoms, and any chest or shortness-of-breath symptoms.

Second, ask about differential diagnosis. A strong clinician should consider perimenopause, but also thyroid disease, anemia, diabetes, sleep apnea, depression, medication side effects, autoimmune conditions, and cardiovascular concerns when symptoms warrant it.

Third, name the symptom you are embarrassed to say out loud. Painful sex, vaginal dryness, libido changes, urine leakage, and rage are health concerns. They are not character flaws.

Fourth, request options, not lectures. Ask about lifestyle strategies, hormone therapy eligibility, nonhormonal options, vaginal estrogen or moisturizers/lubricants when appropriate, mental health support, sleep treatment, pelvic floor therapy, and referral to a menopause-informed clinician.

Fifth, if you feel dismissed, slow the room down. Try: "I understand this may be common, but it is not normal for me. What else should we rule out, and what is the plan if this continues?"

Your tracker

Date	Cycle day or period status	Top symptom	Severity 1–10	Sleep hours	Trigger or pattern	Question for doctor

Closing word

Perimenopause is not the end of your power. It is an invitation to become a better translator of your own body. You deserve answers, options, and care that sees the whole woman, not just a lab result or a birthday.

Hey Shanta Q reminder: You are not dramatic. You are data. Bring the receipts.

References

1. [Office on Women's Health, Menopause symptoms and relief](#)
2. [Seeking Health Care for Perimenopausal Symptoms: Observations from The Women Living Better Survey](#)
3. [ACOG. My Menopause Story: What Surprised Me Most About Perimenopause](#)