



PERSONALIZED SYMPTOM GUIDE

Hot Flashes + Night Sweats Clarity Kit

A personalized symptom-tracking workbook for midlife clarity



Track patterns • Prepare for appointments • Feel more informed

Hot Flashes + Night Sweats

How to use this kit

Your quiz result leaned most toward hot flashes and night sweats. This version gives you the full Vivlyn clarity framework plus extra pages for heat-related symptoms.

1

Start with the snapshot

Capture what has changed and what feels most disruptive right now.

2

Track daily for the month

Keep entries brief. One or two minutes per day is enough.

3

Review weekly

Look for patterns in timing, sleep, stress, cycle timing, temperature, food, alcohol, caffeine, or routine changes.

4

Prepare for care

Use the clinician summary to bring your most useful details to an appointment.

Tip: You do not need to complete every box perfectly. The goal is a clearer story, not a perfect record.

What you unlocked

- Your personalized symptom pattern summary
- Your top symptom priorities
- A 4-week clarity plan
- Symptom-specific snapshot pages
- Monthly tracker
- Weekly reflection pages
- Care questions to discuss with a clinician
- Clinician handoff summary

Quick start:

Fill out your snapshot, track at least 3 days, then complete the clinician handoff page before an appointment. You do not need to complete every page for this kit to be useful.

Hot Flashes + Night Sweats

Important note

This kit is an educational and organizational workbook. It is designed to help you gather your symptoms, notice patterns, and prepare for a conversation with a licensed clinician.

Not a diagnosis

This kit does not diagnose perimenopause, menopause, anxiety, thyroid conditions, sleep disorders, or any other condition. It is not a treatment plan and does not replace medical care.

Use this kit to

- Write down what you are noticing.
- Track hot flashes and night sweats throughout the month.
- Connect symptoms with sleep, cycle timing, stress, food, alcohol, caffeine, activity, and daily routines.
- Prepare a concise summary for a clinician.

Do not use this kit for

- Emergency symptoms.
- Self-diagnosis.
- Changing medication or hormones on your own.
- Replacing care from a licensed clinician.

Seek urgent help when needed

If you have chest pain, fainting, shortness of breath, thoughts of harming yourself, very heavy bleeding, severe pelvic pain, or bleeding after 12 months without a period, seek prompt medical care.

YOUR RESULT

Hot Flashes + Night Sweats

Your Vivlyn Clarity Result

BASED ON YOUR QUIZ ANSWERS
YOUR PRIMARY SYMPTOM PATTERN

Hot Flashes + Night Sweats

Your answers suggest that your symptoms are currently leaning most toward heat-related changes, especially hot flashes, night sweats, waking hot, or sudden waves of heat.

This does not confirm why the symptoms are happening. It gives you a starting point for tracking what is happening, when it happens, and what you may want to discuss with a licensed clinician.

Your focus for the month

Track timing, intensity, possible triggers, sleep disruption, cycle timing if applicable, and how symptoms affect daily life.

Hot Flashes + Night Sweats

Your top symptom priorities

Use this page as your personal starting point. Add your top three priorities from your quiz result or from what feels most disruptive right now.

1

Hot flashes + night sweats

When they happen, how strong they feel, and whether they affect sleep, work, or daily routines.

2

Sleep + Energy

Notice whether heat symptoms are disrupting sleep quality, next-day energy, or daily routines.

3

Triggers + Daily Impact

Track patterns around stress, temperature, caffeine, alcohol, meals, cycle timing, and what symptoms interrupt.

What I most want clarity on

What I want my clinician to understand

Hot Flashes + Night Sweats

Your 4-week clarity plan

Week 1: Notice

Track heat episodes, night sweats, sleep, energy, and what was happening around symptoms.

Week 2: Connect

Look for patterns around timing, stress, alcohol, caffeine, spicy foods, heat, activity, and cycle timing.

Week 3: Prioritize

Circle what is most disruptive: sleep, work, mood, confidence, relationships, or daily routines.

Week 4: Prepare

Complete the clinician handoff summary and choose your top questions for care.

My start date

My review date

One thing I hope feels clearer by the end of the month

Hot Flashes + Night Sweats

Symptom snapshot

Check what you have noticed recently. Add details only where helpful.

Heat symptoms

- ☐ Hot flashes
- ☐ Night sweats
- ☐ Waking up hot or sweaty
- ☐ Chills after sweating
- ☐ Other: _____

Sleep + energy

- ☐ Trouble falling asleep
- ☐ Waking often
- ☐ Tired after sleep
- ☐ Afternoon energy crash
- ☐ Other: _____

Mood + focus

- ☐ Anxiety or feeling on edge
- ☐ Irritability
- ☐ Mood swings
- ☐ Brain fog or forgetfulness
- ☐ Other: _____

Cycle + body

- ☐ Irregular periods
- ☐ Skipped periods
- ☐ Flow changes
- ☐ Weight/appetite/body changes
- ☐ Other: _____

Cycle and bleeding snapshot

If you still have periods, use this page to capture your recent cycle pattern. If you do not have periods, use the notes area for any relevant history you want to remember.

Periods recently

- ☐ Mostly regular
- ☐ Less predictable
- ☐ Skipped periods
- ☐ Heavier than usual
- ☐ Lighter than usual
- ☐ Spotting
- ☐ Not applicable

Bring up promptly

- ☐ Bleeding after 12 months without a period
- ☐ Very heavy bleeding
- ☐ Bleeding that feels unusual for me
- ☐ Severe pelvic pain
- ☐ I want to ask what is normal for me

Date of last period, if applicable

What changed compared with my usual pattern

Questions or concerns about bleeding/cycles

Heat symptoms baseline

Before you begin the daily tracker, write a quick baseline. This helps you compare what you notice later.

How disruptive are hot flashes right now?

012345678910

How disruptive are night sweats right now?

012345678910

How often they happen right now

Most common time of day or night

What they feel like in my body

How they affect my sleep, work, or daily life

Hot Flashes + Night Sweats

Understanding hot flashes + night sweats

Hot flashes are often described as a sudden wave of heat, commonly felt in the upper body, face, neck, or chest. They may come with sweating, flushing, a fast heartbeat, chills afterward, or a sense of discomfort. Night sweats are heat episodes that happen during sleep and can disrupt rest.

During the menopause transition, hormone fluctuations can affect the body's temperature regulation. Hot flashes and night sweats are common, but they can vary widely by person.

What to notice

- Where the heat starts and spreads.
- Whether sweating, flushing, chills, or heart racing happen too.
- Whether symptoms wake you from sleep.
- Whether symptoms cluster around stress, alcohol, spicy foods, caffeine, warm rooms, or certain times of day.
- Whether symptoms are new, increasing, or affecting quality of life.

Clinician conversation

You do not need to figure out the cause alone. Clear tracking can help a clinician understand the pattern and talk with you about appropriate options.

What to track first

For this symptom pattern, focus on the details that help explain timing, intensity, possible triggers, and life impact.

Timing

Morning, afternoon, evening, bedtime, middle of night, early morning.

Intensity

Use a simple 0-10 scale. Note whether you had to change clothes or bedding.

Context

Stress, room temperature, alcohol, caffeine, spicy foods, exercise, or rushing.

Sleep impact

Did it wake you? How long did it take to settle? How was energy the next day?

Cycle timing

If you still have periods, note where you are in your cycle.

Daily impact

Work, confidence, mood, relationships, driving, meetings, or routines.

Hot Flashes + Night Sweats

Possible trigger map

Triggers are not the same for everyone, and not every hot flash has an obvious trigger. Use this page to notice patterns without blaming yourself.

Food + drink

- ☐ Alcohol
- ☐ Caffeine
- ☐ Spicy foods
- ☐ Large meal
- ☐ Not sure

Environment

- ☐ Warm room
- ☐ Layered clothing
- ☐ Hot shower/bath
- ☐ Heated car/commute
- ☐ Weather

Body + routine

- ☐ Stress
- ☐ Rushing
- ☐ Exercise
- ☐ Poor sleep
- ☐ Cycle timing

Other

- ☐ Medication/supplement timing
- ☐ Illness
- ☐ Work meeting
- ☐ Social event
- ☐ Other: _____

Patterns I notice after one week

Hot Flashes + Night Sweats

Night sweats + sleep map

Night sweats can matter because they may interrupt sleep and leave you feeling drained the next day. Track the sleep impact as much as the sweat itself.

During the night

- ☐ Woke up hot
- ☐ Woke up sweating
- ☐ Changed clothes
- ☐ Changed bedding
- ☐ Needed fan/window/cooler room
- ☐ Had trouble falling back asleep

Next day

- ☐ Low energy
- ☐ Brain fog
- ☐ Irritability
- ☐ Headache
- ☐ Needed more caffeine
- ☐ Felt okay

Most common time I wake from night sweats

What helps me settle afterward

What I want to ask a clinician about sleep disruption

Options to discuss with a clinician

This page is not a treatment recommendation. It is a conversation organizer. Use it to remember topics you may want to ask about if hot flashes or night sweats are affecting your quality of life.

Confirming the pattern

Could these symptoms fit perimenopause or menopause? Are there other causes worth checking based on my history?

Hormonal options

What are the potential benefits, risks, and eligibility factors for hormone therapy in my situation?

Nonhormonal options

Are there prescription or nonprescription strategies that may be appropriate for me?

Sleep support

How should we address sleep disruption caused by night sweats?

Questions I already know I want to ask

Hot Flashes + Night Sweats

Labs & Tests to Discuss

Hot flashes and night sweats can fit the menopause transition, but they can also overlap with sleep disruption, thyroid changes, medication effects, anxiety or stress, infection concerns, blood sugar changes, or other health factors.

This page is a conversation starter

This page is not a diagnosis, a required lab panel, or medical advice. Symptoms can overlap with perimenopause, but they can also be affected by other health factors. Use this page to ask your clinician what, if anything, is worth checking based on your symptoms, history, medications, and risk factors.

Ask before ordering tests

Do not use this page to self-order tests. A helpful question to ask is: "Which tests would change what we do next, and which ones are unlikely to be useful for my situation?"

Common labs to ask about

Ask whether TSH with possible free T4, CBC if fatigue or heavy bleeding is also present, or blood sugar/A1c if clinically relevant would change the next step.

Heat symptoms + sleep disruption

Bring notes about night sweats, waking hot, sleep loss, fatigue, racing heart, stress patterns, and whether symptoms are new, increasing, or affecting daily life.

Hormones, if relevant

FSH or estradiol are sometimes discussed, but hormone levels can fluctuate during perimenopause. Ask whether testing would actually change care.

Medication + supplement review

Ask whether prescriptions, supplements, caffeine, alcohol, sleep aids, hormone use, or recent medication changes could be contributing to heat symptoms.

When to seek prompt care

Discuss symptoms promptly if you have fever, unexplained weight loss, chest pain, fainting, shortness of breath, very heavy bleeding, severe pelvic pain, or bleeding after 12 months without a period.

Symptoms that make me wonder if testing or evaluation would help

Questions I want to ask my clinician

Monthly symptom tracker key

Use the next pages once per day. Keep it simple. You are looking for patterns, not perfection.

Month length note

Use the days that apply to your month. If your month has fewer than 31 days, leave the extra rows blank.

Heat intensity

0 = none, 10 = most intense.

Sleep quality

0 = very poor, 10 = very rested.

Energy

0 = depleted, 10 = strong.

Impact

What did symptoms interrupt?

Simple shorthand

HF = hot flash. NS = night sweat. C = caffeine. A = alcohol. S = stress. SP = spicy food. EX = exercise. CY = cycle timing.

My personal shorthand

Week 1 tracker: days 1–7

Fill in one row per day. Short notes are enough. This layout keeps the full week together so patterns are easier to spot.

DAY	HEAT EPISODE	NIGHT SWEAT + SLEEP	TRIGGER / CONTEXT	IMPACT / NOTES
Day 1	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 2	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 3	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 4	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 5	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 6	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 7	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		

Quick notes for this week

Week 2 tracker: days 8–14

Keep using the same simple shorthand if it helps. Focus on when symptoms happen, what may have triggered them, and how much they affected your day or sleep.

DAY	HEAT EPISODE	NIGHT SWEAT + SLEEP	TRIGGER / CONTEXT	IMPACT / NOTES
Day 8	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 9	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 10	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 11	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 12	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 13	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 14	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		

Quick notes for this week

Week 3 tracker: days 15–21

By this point, look for repeated patterns. Are certain times, foods, stress levels, or sleep disruptions showing up more than once?

DAY	HEAT EPISODE	NIGHT SWEAT + SLEEP	TRIGGER / CONTEXT	IMPACT / NOTES
Day 15	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 16	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 17	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 18	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 19	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 20	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 21	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		

Quick notes for this week

Week 4 tracker: days 22–28

You do not need perfect detail. A few quick notes each day can still make the pattern clearer.

DAY	HEAT EPISODE	NIGHT SWEAT + SLEEP	TRIGGER / CONTEXT	IMPACT / NOTES
Day 22	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 23	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 24	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 25	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 26	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 27	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 28	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		

Quick notes for this week

Final tracker: days 29–31 + month-end notes

Use the final days to finish your tracker, then jot down the strongest patterns you noticed over the month.

DAY	HEAT EPISODE	NIGHT SWEAT + SLEEP	TRIGGER / CONTEXT	IMPACT / NOTES
Day 29	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 30	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Day 31	HEAT EPISODE	NIGHT SWEAT? Y / N	POSSIBLE TRIGGER / CONTEXT	IMPACT / NOTES
	INTENSITY 0-10	SLEEP 0-10		
Month-end	PATTERNS I NOTICED MOST OFTEN			
	WHAT I WANT TO BRING UP WITH MY CLINICIAN			

Month-end notes

Hot Flashes + Night Sweats

Week 1 Reflection

Take five minutes at the end of the week to notice what changed.

The most noticeable symptom this week

Most common timing for hot flashes or night sweats

Possible patterns I noticed

What affected sleep most

What felt easier or harder this week

One question I want to bring to a clinician

How clear do I feel this week?

0 1 2 3 4 5 6 7 8 9 10

Hot Flashes + Night Sweats

Week 2 Reflection

Take five minutes at the end of the week to notice what changed.

The most noticeable symptom this week

Most common timing for hot flashes or night sweats

Possible patterns I noticed

What affected sleep most

What felt easier or harder this week

One question I want to bring to a clinician

How clear do I feel this week?

0 1 2 3 4 5 6 7 8 9 10

Hot Flashes + Night Sweats

Week 3 Reflection

Take five minutes at the end of the week to notice what changed.

The most noticeable symptom this week

Most common timing for hot flashes or night sweats

Possible patterns I noticed

What affected sleep most

What felt easier or harder this week

One question I want to bring to a clinician

How clear do I feel this week?

0 1 2 3 4 5 6 7 8 9 10

Hot Flashes + Night Sweats

Week 4 Reflection

Take five minutes at the end of the week to notice what changed.

The most noticeable symptom this week

Most common timing for hot flashes or night sweats

Possible patterns I noticed

What affected sleep most

What felt easier or harder this week

One question I want to bring to a clinician

How clear do I feel this week?

0 1 2 3 4 5 6 7 8 9 10

Hot Flashes + Night Sweats

Questions to ask about hot flashes + night sweats

Choose the questions that fit your situation. Bring your tracker if you want to make the visit more focused.

- ☐ Could my symptoms be related to perimenopause or menopause?
- ☐ Are there other causes we should consider or rule out?
- ☐ Are there labs or checks that would change what we do next?
- ☐ Could medications, supplements, caffeine, alcohol, sleep aids, or hormone use be contributing?
- ☐ What symptoms or bleeding patterns would require prompt evaluation?
- ☐ What treatment options are available for hot flashes and night sweats?
- ☐ What are the differences between hormonal and nonhormonal options?
- ☐ Based on my personal health history, what options may or may not be appropriate for me?
- ☐ How should I track progress if we try a strategy?
- ☐ When should I follow up if symptoms continue?

My top 3 questions

Hot Flashes + Night Sweats

Appointment prep notes

Use this page before your visit so you do not have to remember everything on the spot.

Main reason for visit

How long symptoms have been happening

What affects daily life most

Current medications, supplements, or hormones I want to mention

Relevant health history or family history I want to mention

What I hope to leave the appointment understanding, including care or testing topics

Hot Flashes + Night Sweats

My Vivlyn Summary for a Clinician

Name

Date

Primary result

Hot Flashes + Night Sweats

Main symptoms I am noticing

How it is affecting daily life

Patterns I noticed

Current medications, supplements, hormones, sleep aids, or recent changes I want to mention

Care questions, testing, or evaluation topics I want to discuss

Hot Flashes + Night Sweats

Monthly review

At the end of the month, compare this page with your baseline. This is where the pattern often becomes clearer.

What improved?

What worsened or stayed disruptive?

The clearest pattern I noticed

The detail I am glad I tracked

My next best step

Possible next steps include continuing to track, scheduling a clinician visit, asking about treatment options, or reviewing symptoms sooner if anything feels concerning.

Your next step

You can bring this kit to your own clinician. When Vivlyn-supported care becomes available, your completed summary may help you prepare for a more focused clinician conversation.

Join the Vivlyn Care waitlist

Printed copy? Visit: join.meetvivlyn.com/#future-care



Educational note:

Vivlyn does not diagnose, prescribe, treat, or determine care eligibility. Any clinical care, testing, prescriptions, or treatment decisions must happen separately through a licensed clinician or clinical partner.

SOURCES

Hot Flashes + Night Sweats

Educational sources used

This kit is educational and organizational. It is not a diagnosis, treatment plan, or required lab/testing plan. Care questions and testing topics are included as clinician discussion points, not recommendations to self-order tests or change treatment.

American College of Obstetricians and Gynecologists (ACOG)

The Menopause Years; Hormone Therapy for Menopause; patient education on hot flashes and menopause symptoms.

The Menopause Society

Patient education on perimenopause, hot flashes, night sweats, and menopause-related symptom patterns.

Mayo Clinic

Patient education on perimenopause symptoms, hot flashes, menopause symptoms, and why hormone levels can be hard to interpret during the transition.

Reminder

This kit does not diagnose, treat, or provide personal medical advice. Use it to organize your notes and support a more focused clinician conversation.

You are allowed to ask for clarity.

Perimenopause can feel confusing when symptoms show up in different parts of life at the same time.

This kit gives you a calmer way to gather the details, name what feels different, and bring a clearer story into care.



Vivlyn
PERIMENOPAUSE CLARITY KIT

