



PERSONALIZED SYMPTOM GUIDE

Vaginal + Urinary Comfort Clarity Kit

A personalized symptom-tracking workbook for midlife clarity



Track patterns • Prepare for appointments • Feel more informed

How to use this kit

This guide is designed to help you organize sensitive symptoms privately and respectfully, without having to explain everything from memory.

1

Start with the snapshot pages

Write down what feels different with vaginal comfort, urinary patterns, libido, or intimacy.

2

Use the monthly symptom tracker

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

3

Reflect once a week

Notice what seems connected: dryness, discomfort, urgency, sleep, stress, cycle timing, or intimacy changes.

4

Prepare for care

Use the appointment prep and clinician handoff pages to summarize the details that feel hardest to say out loud.

What this is for

This kit is educational and organizational. It is not a diagnosis or treatment plan, but it can help you prepare for a more focused conversation with a licensed clinician.

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.

YOUR RESULT

Vaginal + Urinary Comfort

Your personalized result

BASED ON YOUR QUIZ ANSWERS
PRIMARY SYMPTOM PATTERN

Vaginal + Urinary Comfort

Your quiz answers suggest that vaginal comfort, urinary changes, libido, or intimacy-related symptoms are currently one of the clearest patterns in what you are experiencing.

What this kit helps you do

Track dryness, discomfort, urinary urgency or frequency, intimacy changes, timing, triggers, and questions to bring to a licensed clinician.

Vaginal + Urinary Comfort

Your top symptom priorities

These symptoms can feel private or hard to bring up quickly. These are the three areas this version helps you organize first.

1

Vaginal + Urinary Comfort

Track dryness, discomfort, urinary changes, libido, or intimacy concerns in a private, organized way.

2

Comfort + Daily Impact

Notice whether symptoms affect exercise, clothing, sleep, confidence, intimacy, or daily routines.

3

Patterns + Timing

Track whether symptoms connect with cycle timing, stress, hydration, sex, products, or other symptoms.

Your 4-week clarity plan

Week 1

Get a baseline. Track what feels different, how often it happens, and what affects comfort most.

Week 2

Look for patterns around hydration, products, intimacy, urinary urgency, cycle timing, and stress.

Week 3

Notice impact on comfort, sleep, confidence, intimacy, movement, or daily routines.

Week 4

Summarize your clearest pattern and choose your top questions for care.

Keep it private and practical

You can use as much or as little detail as you want. The goal is to make the clinician conversation easier.

Vaginal + Urinary Comfort

Comfort + urinary snapshot

Use this page to capture what feels most true for you right now.

Vaginal comfort

- ☐ Dryness
- ☐ Burning or irritation
- ☐ Discomfort with sex
- ☐ General soreness
- ☐ Itching or sensitivity
- ☐ Other: _____

Urinary changes

- ☐ Urgency
- ☐ More frequent urination
- ☐ Leaking
- ☐ Waking to urinate
- ☐ Discomfort with urination
- ☐ Other: _____

The symptom bothering me most right now

How this is affecting comfort, confidence, intimacy, or daily life

What I most want clarity on this month

Intimacy + privacy snapshot

This page is optional. Use only what feels relevant or helpful.

Intimacy changes

- ☐ Lower libido
- ☐ Pain or discomfort
- ☐ Avoiding intimacy
- ☐ Less sensation or arousal
- ☐ Relationship impact
- ☐ Other: _____

What I want support with

- ☐ Comfort
- ☐ Urinary symptoms
- ☐ Libido changes
- ☐ Questions about treatment options
- ☐ How to talk about this
- ☐ Other: _____

What feels hardest to explain

Prompt care reminder

Pain, bleeding after sex, urinary pain, fever, blood in urine, or symptoms that feel severe or unusual should be discussed promptly with a clinician.

Vaginal + Urinary Comfort

Comfort baseline

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

How disruptive are vaginal comfort symptoms right now?

012345678910

How disruptive are urinary or intimacy changes right now?

012345678910

What feels different from my usual

When I notice symptoms most

What I want my clinician to understand

Understanding comfort + urinary changes

During midlife, some people notice vaginal dryness, discomfort, irritation, pain with sex, urinary urgency, more frequent urination, leaking, or changes in libido or intimacy. These symptoms can be common, but they are also worth discussing because support options may be available.

The goal is not to self-diagnose. The goal is to organize what you notice so you can have a more specific and comfortable clinician conversation.

What to notice

- Whether symptoms are dryness, irritation, pain, urinary urgency, frequency, leaking, or libido changes.
- Whether symptoms happen with sex, movement, certain products, hydration changes, or at night.
- Whether symptoms affect comfort, confidence, sleep, intimacy, or daily routines.
- Whether symptoms are new, worsening, painful, or concerning.
- What you want to ask about treatment or support options.

What to track first

For this symptom pattern, focus on the details that make your comfort and urinary pattern easier to explain.

Symptom type

Dryness, irritation, pain, urgency, frequency, leaking, libido changes, or intimacy changes.

Timing

Morning, evening, during exercise, after sex, overnight, after certain products, or after less hydration.

Intensity

Use a simple 0–10 rating when it helps.

Possible context

Hydration, caffeine, sex, products, stress, cycle timing, clothing, exercise, or urinary patterns.

Daily impact

Comfort, sleep, confidence, intimacy, exercise, work, or routines.

Questions

What you want to ask about evaluation, support, or treatment options.

Vaginal + Urinary Comfort

Comfort pattern map

Use this page to notice which pattern shows up most often.

Vaginal comfort

- ☐ Dryness
- ☐ Burning
- ☐ Irritation
- ☐ Discomfort with sex
- ☐ General soreness

Urinary pattern

- ☐ Urgency
- ☐ Frequency
- ☐ Leaking
- ☐ Nighttime urination
- ☐ Discomfort

Possible context

- ☐ Sex
- ☐ Exercise
- ☐ Products
- ☐ Caffeine
- ☐ Hydration

Impact

- ☐ Comfort
- ☐ Sleep
- ☐ Confidence
- ☐ Intimacy
- ☐ Routines

The pattern I notice most often

Urinary pattern map

Use this page when urinary symptoms are the detail you most want to explain clearly.

What happens

- ☐ Urgency
- ☐ Frequency
- ☐ Leaking with cough/sneeze
- ☐ Leaking with urgency
- ☐ Waking at night
- ☐ Other: _____

Possible context

- ☐ Caffeine
- ☐ Hydration changes
- ☐ Exercise
- ☐ Stress
- ☐ Sex
- ☐ Not sure

What I want to describe clearly to my clinician

What I want to ask about urinary support

Intimacy impact map

This page is optional. Use only what feels relevant and helpful.

Comfort Dryness, pain, irritation, burning, or needing more preparation or support.
Desire Libido, arousal, interest, avoidance, or feeling disconnected from your usual.
Confidence Feeling worried, embarrassed, frustrated, or unsure how to bring it up.
Relationship impact Communication, avoidance, closeness, anxiety, or wanting language for the conversation.

The impact I most want my clinician to understand

Helpful reminder
These symptoms are valid reasons to ask for support. You do not have to minimize them.

Options to discuss with a clinician

If symptoms are affecting your comfort, confidence, relationships, or quality of life, a clinician can help you think through what may be contributing and what options may be worth discussing.

Comfort + urinary conversation

Could perimenopause, vaginal tissue changes, pelvic floor changes, urinary issues, infections, medications, or other factors be contributing to these symptoms?

Overlap

Ask whether sleep, stress, hot flashes, mood, medications, cycle changes, urinary symptoms, or other health factors could be connected.

Medical evaluation

Ask whether any symptoms suggest another issue should be evaluated.

Support options

Ask about hormonal and non-hormonal options, lifestyle supports, medications, pelvic floor support, or follow-up steps that may fit your situation.

Important note

Pain, bleeding after sex, urinary pain, fever, blood in urine, or symptoms that feel severe or unusual should be discussed promptly with a clinician.

Care Questions + Testing to Discuss

You do not have to diagnose this yourself. Use this page to bring up symptoms clearly and ask what type of evaluation, if any, makes sense based on your history.

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.

Keep care and testing clinician-led

Do not use this page to self-order tests or self-diagnose. Use it to ask your clinician: "Based on my symptoms and history, what evaluation, if any, would actually change the next step?"

Symptoms hardest to say out loud

Name the symptoms in plain language: dryness, burning, irritation, pain with sex, lower desire, leaking, urgency, frequency, or discomfort with urination.

Urinary questions to discuss

Ask whether urinalysis or urine culture makes sense if you have burning, urgency, frequency, UTI-like symptoms, fever, or symptoms that keep returning.

Vaginal comfort questions

Ask whether a vaginal exam or evaluation makes sense for dryness, irritation, odor, discharge, bleeding, discomfort, or pain.

Intimacy or pain questions

Ask about pelvic floor support, STI testing if relevant, lubricants, moisturizers, medication effects, and hormonal or non-hormonal options to discuss with a clinician.

When to seek prompt care

Pelvic pain, fever, blood in urine, new bleeding, bleeding after sex, unusual discharge or odor, severe urinary pain, or symptoms that feel sudden, severe, or unusual should be discussed promptly with a clinician.

Symptoms that make me wonder if testing or evaluation would help

Questions I want to ask my clinician

Monthly symptom tracker key

Use this tracker to capture the clearest details about your vaginal, urinary, and intimacy pattern across the month.

Small note

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

Daily detail

One row per day is enough. Short phrases are better than skipping the tracker because it feels like too much.

Intensity

Use a simple 0–10 rating when it helps. 0 can mean not present and 10 can mean very disruptive.

Context

Note sleep, stress, cycle timing, meals, movement, medications, hot flashes, mood, or anything else that seems connected.

Impact

Notice what symptoms affected most: comfort, confidence, sleep, mood, work, relationships, energy, or routines.

Week 1 tracker: days 1–7

Fill in one row per day. Keep it simple. Short notes are enough.

DAY	COMFORT	URINARY	CONTEXT	IMPACT / NOTES
Day 1	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 2	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 3	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 4	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 5	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 6	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 7	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES

Quick notes for this week

Week 2 tracker: days 8–14

Keep using the same short format each day so the pattern is easy to review later.

DAY	COMFORT	URINARY	CONTEXT	IMPACT / NOTES
Day 8	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 9	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 10	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 11	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 12	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 13	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 14	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES

Quick notes for this week

Week 3 tracker: days 15–21

By this point, watch for repeated patterns and what seems connected.

DAY	COMFORT	URINARY	CONTEXT	IMPACT / NOTES
Day 15	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 16	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 17	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 18	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 19	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 20	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 21	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES

Quick notes for this week

Week 4 tracker: days 22–28

Do not worry about perfect detail. A few notes each day can still make the pattern clearer.

DAY	COMFORT	URINARY	CONTEXT	IMPACT / NOTES
Day 22	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 23	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 24	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 25	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 26	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 27	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 28	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES

Quick notes for this week

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

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

DAY	COMFORT	URINARY	CONTEXT	IMPACT / NOTES
Day 29	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 30	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES
Day 31	SYMPTOM / COMFORT	URGENCY/FREQUENCY	HYDRATION/PRODUCTS/SEX	IMPACT
	INTENSITY 0–10	LEAK/NIGHT WAKING	POSSIBLE TRIGGER	NOTES

Month-end notes

Patterns I noticed most often

What I want to bring up with my clinician

Vaginal + Urinary Comfort

Week 1 Reflection

Use this page at the end of the week to summarize what stood out most.

The most noticeable comfort, urinary, or intimacy pattern this week

What seemed to make symptoms better or easier

What seemed to make symptoms worse or more noticeable

How this affected my daily life

Questions or observations I want to remember

Vaginal + Urinary Comfort

Week 2 Reflection

Use this page at the end of the week to summarize what stood out most.

The most noticeable comfort, urinary, or intimacy pattern this week

What seemed to make symptoms better or easier

What seemed to make symptoms worse or more noticeable

How this affected my daily life

Questions or observations I want to remember

Vaginal + Urinary Comfort

Week 3 Reflection

Use this page at the end of the week to summarize what stood out most.

The most noticeable comfort, urinary, or intimacy pattern this week

What seemed to make symptoms better or easier

What seemed to make symptoms worse or more noticeable

How this affected my daily life

Questions or observations I want to remember

Vaginal + Urinary Comfort

Week 4 Reflection

Use this page at the end of the week to summarize what stood out most.

The most noticeable comfort, urinary, or intimacy pattern this week

What seemed to make symptoms better or easier

What seemed to make symptoms worse or more noticeable

How this affected my daily life

Questions or observations I want to remember

Vaginal + Urinary Comfort

Before your appointment

Use this page to turn your notes into a clear story you can share.

The biggest comfort, urinary, or intimacy issue I want to discuss

How long I have been noticing this

Examples of how this affects my daily life

Patterns I noticed over the month

Anything that seemed to help or worsen the pattern

Questions to ask a clinician

Care and evaluation questions

- ☐ Could these symptoms be related to perimenopause or vaginal tissue changes?
- ☐ What other possible causes should we consider?
- ☐ Would a pelvic exam, vaginal evaluation, urine test, urine culture, or STI testing be relevant based on my symptoms and history?
- ☐ Are there symptoms that would make you want me to be evaluated promptly?

Comfort and support options

- ☐ What hormonal and non-hormonal options are worth discussing?
- ☐ Would pelvic floor therapy, moisturizers, lubricants, medication review, or prescription options make sense for me?
- ☐ Could any products, medications, supplements, or routines be irritating symptoms?
- ☐ What should I track before a follow-up?

My own questions

Vaginal + Urinary Comfort

My Vivlyn Summary for a Clinician

Name

Date

Primary result

Vaginal + Urinary Comfort

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

Month-end review

Before you close the guide, take a minute to summarize the clearest takeaways.

The strongest comfort, urinary, or intimacy pattern I noticed this month

The question I most want answered

What I want to keep tracking next month, if needed

Reminder

Progress here does not mean you solved everything. It means you now have clearer information to work with.

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.

Educational sources

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.

The Menopause Society

General information on common menopause and perimenopause symptoms, including genitourinary symptoms, sleep, mood, hot flashes, and body changes.

ACOG

General patient education on the menopause transition, symptom patterns, genitourinary symptoms, and when bleeding, urinary pain, or pelvic symptoms deserve clinician evaluation.

Mayo Clinic

General patient education on menopause symptoms, urinary/vaginal concerns, and preparing for a healthcare visit by tracking symptom patterns.

Safety note

If you have urgent or severe symptoms, this guide should not delay medical care.

You do not need perfect notes to have a worthwhile conversation. Clearer patterns are enough.



Vivlyn
PERIMENOPAUSE CLARITY KIT