

Vivlyn

FREE TOOL

7-Day Symptom Snapshot

A simple one-week worksheet for noticing what changed, when it happened, and how much it affected your day.



Notice patterns | Prepare clearer notes | Start with one week

7-Day Symptom Snapshot

Keep it simple for one week

This tool is designed to help you notice patterns without trying to track everything. Pick a few changes that matter most to you, then use short daily notes.

1

Choose your focus

Pick up to three symptoms or changes you want to notice this week.

2

Write one short note a day

A few words are enough. Use a 0-10 rating only if it helps.

3

Add context when useful

Note timing, sleep, stress, cycle timing, appetite, energy, or routine if something seems connected.

4

Review at the end

Look for what repeated, what affected daily life, and what you may want to keep tracking or bring up at a healthcare visit.

What do you want to notice this week?

Check any that fit. You do not need to track every category.

Temperature + sleep

- | | |
|---|---|
| ☐ Hot flashes | ☐ Fatigue |
| ☐ Night sweats | ☐ Energy changes |
| ☐ Trouble sleeping | ☐ Other: _____ |

Mood + body + cycle

- | | |
|--|---|
| ☐ Anxiety or irritability | ☐ Body changes |
| ☐ Mood changes | ☐ Appetite / cravings |
| ☐ Brain fog / focus | ☐ Cycle timing / changes |

The change I most want to understand this week

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Days 1-4

Use one row per day. Capture only the details that help you remember the pattern.

DAY / DATE	SYMPTOM OR CHANGE	0-10	TIMING / CONTEXT	IMPACT / NOTES
Day 1 Date: _____	WHAT I NOTICED _____ _____	0 = none 10 = very disruptive _____	WHEN / WHAT WAS AROUND IT _____ _____	DAILY IMPACT OR NOTE _____ _____
Day 2 Date: _____	WHAT I NOTICED _____ _____	0 = none 10 = very disruptive _____	WHEN / WHAT WAS AROUND IT _____ _____	DAILY IMPACT OR NOTE _____ _____
Day 3 Date: _____	WHAT I NOTICED _____ _____	0 = none 10 = very disruptive _____	WHEN / WHAT WAS AROUND IT _____ _____	DAILY IMPACT OR NOTE _____ _____
Day 4 Date: _____	WHAT I NOTICED _____ _____	0 = none 10 = very disruptive _____	WHEN / WHAT WAS AROUND IT _____ _____	DAILY IMPACT OR NOTE _____ _____

Quick note

Short notes are enough. Leave blank anything that does not feel useful.

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Days 5-7

Finish the week in the same short format, then use the next page to review what stood out.

DAY / DATE	SYMPTOM OR CHANGE	0-10	TIMING / CONTEXT	IMPACT / NOTES
Day 5 Date: _____	WHAT I NOTICED _____ _____	0 = none 10 = very disruptive _____	WHEN / WHAT WAS AROUND IT _____ _____	DAILY IMPACT OR NOTE _____ _____
Day 6 Date: _____	WHAT I NOTICED _____ _____	0 = none 10 = very disruptive _____	WHEN / WHAT WAS AROUND IT _____ _____	DAILY IMPACT OR NOTE _____ _____
Day 7 Date: _____	WHAT I NOTICED _____ _____	0 = none 10 = very disruptive _____	WHEN / WHAT WAS AROUND IT _____ _____	DAILY IMPACT OR NOTE _____ _____

Quick note

Short notes are enough. Leave blank anything that does not feel useful.

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What stood out this week?

You are not looking for a perfect explanation. The goal is simply to leave the week with clearer notes about what repeated, what affected you, and what you may want to keep tracking.

The symptom or change I noticed most often

When it seemed most noticeable

What seemed to happen around it (sleep, stress, cycle timing, appetite, energy, routine, or something else)

How it affected my daily life

What I want to keep tracking or remember for a healthcare visit

Want a more personalized next step?

Take the free Vivlyn quiz for a personalized symptom result and free Clarity Kit.

Take the free quiz: join.meetvivlyn.com

The Vivlyn Brief

Clear, practical perimenopause guidance every other week. Visit join.meetvivlyn.com/brief/

Educational note

Vivlyn is educational and organizational. It is not a diagnosis or treatment plan. If you have urgent or severe symptoms, this tool should not delay medical care. General educational references used across Vivlyn resources: The Menopause Society, ACOG, Mayo Clinic.