

What changed?

Appointment sheet, part 1 of 2 | Your history and recent changes

Bring a short timeline, your full medicine list and a few real examples of what is harder now. You do not need to finish any tracking before you book.

Fill in what you know. Write "Not recorded" for anything you do not know or leave it blank. A blank never means zero or "no symptoms." This is not a diagnostic tool.

1. My main concern

One task or situation that matters to you.

Example: "I lose the thread in work meetings."

2. Before this change

Earlier focus, organization or task trouble, if any. Childhood counts.

Example: "I have missed deadlines since school, but this feels different."

3. What is new or worse?

Roughly when it started, and what changed.

Example: "For about three months I have been waking at night and making more mistakes."

4. Menopause changes

Period changes, hot flashes, night sweats, vaginal symptoms or mood changes. "Not sure" is fine.

5. Sleep

Rough hours slept per night and number of wake-ups per night, with dates. Leave unknowns blank.

Example: "About 6 hours, awake twice, most nights since August."

Daily life, medicines and questions

Appointment sheet, part 2 of 2 | Keep physical symptoms, sleep and daily tasks separate

6. A daily-life example

One specific task that was missed, late or unusually hard.
Example: "Needed three reminders to send one invoice."

7. Medicines and supplements

Copy from your labels. Include ADHD and menopause medicines. Record changes made by your clinician; this sheet does not tell you to change anything.

Medicine or supplement	How taken and prescribed schedule	Who prescribed it	Date of clinician-made change

8. What improved, and what did not?

Keep body symptoms, sleep, clear-headedness and tasks separate. Example: "Fewer night sweats. Still missing appointments."

WHAT IMPROVED

WHAT DID NOT

9. My questions and follow-up

What should each clinician look at, who coordinates your care, and when will you review it?
Questions you can use: "Which part might menopause care help?" "Who looks at my focus?" "If my night sweats improve but my focus does not, what should we look at next?"

Optional daily log

Print another copy if useful. You do not need weeks of data to book an appointment.

Use your own notes, not a score that claims to diagnose anything. These numbers are personal shorthand, not a medical scale. Blank or unknown = "Not recorded," never zero.

Hot flashes: 0 = none; 1 = a few; 2 = several; 3 = many. **Focus:** 0 = hard to manage; 3 = manageable. **Mood:** 0 = low; 3 = good. For focus and mood, 1 and 2 are your in-between ratings.

Units: wake-ups = count per night; sleep = hours per night. For period/bleeding, record yes, no or not sure. For ADHD medicine, record yes/no and the time if known.

Date	Period / bleeding?	Hot flashes 0-3	Night wakes (count)	Hours slept	Focus 0-3	Mood 0-3	ADHD medicine taken? Yes/no + time	Notes / daily-life example

Two fictional worked examples

Made-up illustrations, not real patients or expected results.

A. Better nights, same task trouble. After starting menopause treatment her clinician prescribed, a reader writes: "Night sweats: down from most nights to about once a week. Sleep: 7 hours instead of 5 1/2. Paperwork: still cannot make myself start it." Her next question is what needs review for the remaining paperwork problem. The note is for her clinicians, not a reason to change a prescription herself.

B. Three changes at once. A reader notes that in September her sleep got worse, her periods turned irregular, and her ADHD medicine was switched to a new form. The sheet lets both prescribers see the overlap. It cannot tell anyone which change caused the trouble, and it does not need to.

Editorial appointment preparation based on NIMH adult ADHD guidance and Wynchank & Kooij (Drugs & Aging, 2026). Companion to "Does HRT Help ADHD Symptoms?" at thehrtindex.com. Prepared October 24, 2026. Not a validated clinical instrument.