THE HORMONE BLUEPRINT · THE BONUS CARDS

Your Eight Cards

Practical tools to use alongside the book

Print them, write on them, keep them where you will see them.

B1 **The 49-Symptom Inventory** — *4 pages*
Forty-nine symptoms across seven categories — tick, total, and read your pattern.

B2 **The Supplement Stack** — *1 page*
The few supplements that earn their place — and the many that don't.

B3 **Eating for Your Hormones** — *1 page*
The four food foundations, and what helps each hormonal target.

B4 **The Blood Test Card** — *4 pages*
The exact tests to request, the right timing, and a results form to fill in.

B5 **Working With Your Doctor** — *1 page*
How to prepare, what to ask for by name, and how to be heard.

B6 **Your 30-Day Reset** — *1 page*
One foundation at a time — a staged month you can actually keep.

B7 **Your Cycle Tracker** — *1 page*
The four phases, a monthly log, and what is normal versus worth flagging.

B8 **Your Perimenopause Log** — *1 page*
The early-versus-late symptom map, and a record that becomes your evidence.

How to print and use

B1 and B4 are four-page booklets — print and keep their pages together, in order. The other six are single-page cards. Every page is marked with its card number (B1–B8) at the foot, so a loose page is always easy to place.

A Note on Medical Advice

These cards are for education only — not medical advice, diagnosis, or treatment. They are no substitute for a qualified clinician who knows your full history. Reference ranges and targets are individual: discuss anything you record here with your doctor before acting — and never delay care for a red-flag symptom.

The 49-Symptom Inventory

The symptoms women most often feel — and most often dismiss

SYMPTOMS ARE NOT FAILURES

They are the most honest information your body produces. This list is not here to scare you — it is here to give you language for the conversation you may have been trying to have for years.

HOW TO USE THIS INVENTORY

1. **Read each list slowly**
   Seven groups of seven, on pages 2 and 3.
2. **Tick what is true**
   Anything present more than occasionally, last 3 months.
3. **Count each category**
   Write your ticks out of 7, then a total on page 4.
4. **Read the pattern**
   The cluster matters more than the number.

Name: _____ *Date:* _____

Tick What's True

Present more than occasionally, in the last three months

1. CYCLE & PERIOD _____ / 7

- ☐ Missed periods (outside pregnancy or breastfeeding)
- ☐ Heavy bleeding or clots larger than a coin
- ☐ Very light or unusually short periods
- ☐ Painful periods that stop you from working or sleeping
- ☐ Spotting between periods
- ☐ Cycle length shifting by more than a week from month to month
- ☐ Worsening PMS, or severe mood crashes before your period

2. ENERGY & SLEEP _____ / 7

- ☐ Constant fatigue that sleep does not fix
- ☐ Trouble falling asleep, even when exhausted
- ☐ Waking at 2 or 3 a.m. and unable to return to sleep
- ☐ Night sweats
- ☐ Feeling "wired and tired" at the end of the day
- ☐ Afternoon energy crashes that hit like a wall
- ☐ Morning fatigue that lifts only after several hours

3. MOOD & MIND _____ / 7

- ☐ Anxiety that has appeared or worsened in the last year or two
- ☐ Low mood, tearfulness, or a flatness that comes and goes
- ☐ Irritability — short fuse, snapping at the people you love
- ☐ Brain fog — losing words, losing your train of thought
- ☐ Memory slips that feel new
- ☐ Trouble concentrating on tasks that used to be easy
- ☐ Mood that changes sharply with your cycle phase

4. BODY & METABOLISM _____ / 7

- ☐ Weight gain that has settled around your middle
- ☐ Weight that will not move despite eating well and moving
- ☐ Sugar or carbohydrate cravings, especially in the afternoon
- ☐ Blood-sugar swings — hangry one hour, full the next
- ☐ Bloating, water retention, or a puffy face in the mornings
- ☐ Feeling cold often, even in warm rooms
- ☐ Slowed digestion — constipation, or diarrhoea around your period

categories 5–7 on next page →

Tick What's True

Continued — categories five to seven

5. SKIN, HAIR & NAILS _____ / 7

- ☐ Acne, especially along the jawline or chin
- ☐ Skin that has become unusually dry, or unusually oily
- ☐ Hair thinning at the temples or the part
- ☐ Hair loss in the shower or on your pillow
- ☐ Excess hair growth on the face, chest, or stomach
- ☐ Brittle nails that peel, split, or break easily
- ☐ Darkened skin patches, especially on the neck or underarms

6. LIBIDO & INTIMACY _____ / 7

- ☐ Sex drive that has dropped sharply or quietly faded
- ☐ Vaginal dryness that was not there before
- ☐ Pain or discomfort during sex
- ☐ Reduced sensation or difficulty reaching orgasm
- ☐ Breast tenderness, swelling, or sensitivity
- ☐ Loss of physical confidence, or feeling "disconnected" from your body
- ☐ Trouble conceiving, or unexplained changes in fertility

7. STRESS & PHYSICAL _____ / 7

- ☐ Hot flushes or sudden waves of internal heat
- ☐ Headaches or migraines, especially around your period
- ☐ Joint pain or muscle aches that came on without an injury
- ☐ Dizziness or lightheadedness when standing
- ☐ Nausea, especially in the second half of your cycle
- ☐ Heart racing or palpitations without obvious cause
- ☐ A persistent sense that something is off, but no one can name it

NOT EVERYTHING IS ON THIS LIST

Hormones can surface in places this list does not name — restless legs, ringing ears, panic that comes from nowhere, a new intolerance for alcohol. If something has changed and you cannot account for it, it deserves attention — whether or not it is on a list.

read your pattern on page 4 →

Reading Your Results

The cluster you tick points to what is driving it

A — **Cycle + Mood + Skin**
→ *estrogen–progesterone imbalance* · Ch 11

B — **Energy + Body + Mind**
→ *thyroid — fatigue, brain fog, feeling cold* · Ch 8

C — **Energy + Mood + Stress**
→ *cortisol / adrenal — "wired and tired"* · Ch 16

D — **Cycle + Body + Skin + Libido**
→ *PCOS / androgens* · Ch 6

E — **Stress + Libido + Mood + hot flushes**
→ *perimenopause* · Ch 11 & 20

YOUR TICKS _____ / 49

0–7	· a few signals — note them, recheck in a few months
8–17	· a clear cluster — bring this to a doctor
18–28	· signals across systems — ask for testing (B4)
29+	· your body is speaking loudly — don't be dismissed

SEE A DOCTOR SOONER — NOT AT YOUR NEXT ANNUAL

- Bleeding after sex
- Soaking a pad or tampon every hour
- A breast lump or unusual nipple discharge
- A heart rate that races at rest
- Any bleeding after menopause
- Severe new pelvic pain
- Sudden weight loss without trying

These are signs to bring in now — not symptoms to track.

Read your pattern more than your number.

THE HORMONE BLUEPRINT · BONUS CARD B2

The Supplement Stack

The few that earn their place — and the many that don't

Supplements support a good foundation. They do not replace one.

The bold gold tag shows how strong the evidence is.

THE FOUNDATIONAL FOUR

Vitamin D3 — *1,000–2,000 IU*
STRONG Take with food + vitamin K2. Mood, bone, immunity, thyroid.

Omega-3 (EPA + DHA) — *1,000–2,000 mg*
STRONG If you don't eat oily fish 2–3× a week. Mood, heart, inflammation, PCOS.
Choose a product that is third-party tested for purity.

Magnesium glycinate — *200–400 mg, evening*
MODERATE Sleep, tension, muscle relaxation, and bowel regularity.

Creatine monohydrate — *3–5 g daily*
STRONG With resistance training, especially 40+. Strength and energy. No loading needed.

TARGETED — IF IT APPLIES TO YOU

Inositol (myo) — *~4 g (40:1 with D-chiro)*
MOD-GOOD For PCOS: improves insulin sensitivity, cycle regularity, and ovulation.

Calcium + vitamin B6 — *1,000–1,200 mg / B6 ≤ 50 mg*
MODERATE For PMS and PMDD. Calcium ideally from food plus a modest supplement.
B6: short courses only — never above 100 mg; long-term high doses cause nerve damage.

Iron — *only if a test confirms low*
STRONG* *if deficient. Heavy periods, pregnancy, or plant-based diets.
Test ferritin first (B4) — unneeded iron is harmful.

Phytoestrogens — *varies by product*
MODEST Soy isoflavones or red clover — mild help for hot flushes if you avoid HRT.

Vitamin B12 — *50–100 µg daily*
STRONG Non-negotiable on a vegan diet — found almost only in animal foods.

SKIP THESE — MARKETING, NOT MEDICINE

- **"Hormone-balancing" blends —** *not a real physiological process*
- **Detox, cleanse & "liver support" —** *your liver already does this, free*
- **Adaptogen "stress" blends —** *sub-therapeutic; use one studied herb*
- **Generic daily probiotics —** *strain and dose matter, not a vague pill*

Buy single ingredients at the studied dose. Retest, and stop what you no longer need.

General guides for healthy adults — not medical advice. Check with a clinician before starting, especially if pregnant, breastfeeding, or on medication.

THE HORMONE BLUEPRINT · BONUS CARD B3

Eating for Your Hormones

The four foundations behind every hormonal protocol

Get these four close to right, and no supplement is doing the real work.

THE FOUR FOUNDATIONS

I. Blood sugar — *steady insulin*

Start every meal with protein and fibre — before the bread, rice, or pasta.
Don't drink your calories. Walk 10 min after meals. Eat at regular times.

II. Protein — *1.2–1.6 g / kg / day*

Most women over 35 eat far too little. Aim for 25–35 g at every meal.
= 4–5 eggs · 150 g chicken or fish · 250 g cottage cheese. After 50, aim higher.

III. The right fats — *oily fish 2–3× / week*

Every steroid hormone is built from fat. Olive oil, avocado, nuts, seeds, whole eggs.
Limit industrial seed oils, and fried or trans fats.

IV. Fibre — *30–35 g / day*

Most women get only 12–15 g. Beans, lentils, oats, flaxseed, veg at every meal.
Cruciferous veg + fermented foods clear estrogen. Daily bowel movements matter.

BY HORMONAL TARGET — EAT MORE / GO EASY ON

TARGET	EAT MORE OF	GO EASY ON
Insulin	Protein + fibre each meal; oily fish; a walk after meals	Sugary drinks, juice, refined carbs eaten alone
Thyroid	Protein; iodine (seafood); selenium; zinc	Chronic dieting, ultra-processed food
Estrogen clearance	Cruciferous veg, flaxseed, fermented foods, 30 g+ fibre	Alcohol, constipation, very low fibre
PMS / PMDD	Calcium, magnesium, omega-3s, regular meals	Luteal-phase caffeine, alcohol, sugar swings
Fertility	Folate greens, choline (eggs), iron, fatty fish	Trans fats, heavy alcohol, high-mercury fish
Perimenopause / bone	Calcium, vitamin D, protein each meal, soy	Low protein, excess alcohol, crash dieting

Drinks — cut alcohol · coffee before noon · 1.5–2 L water · green or spearmint tea

Get the four foundations right and your hormones have what they need.

Food first — supplements (B2) only fill the gaps food leaves behind.

The Blood Test Card

The exact tests to request, and how to read results your doctor calls "normal".

WHY "NORMAL" IS NOT THE SAME AS "OPTIMAL"

Reference ranges are statistical — built so that 95% of the tested population falls inside. That population includes many people who are unwell, deficient, or simply not thriving.

A ferritin of 18 µg/L is technically "normal" — yet iron stores that low routinely cause fatigue, hair loss, and breathlessness in women.

HOW TO USE THIS CARD

1. **Before the appointment**
   Read pages 2 and 3. Note your top three symptoms.
2. **At the appointment**
   Request each test by name. Don't settle for a general check.
3. **When results arrive**
   Get actual numbers — not "normal." Write them on page 3.
4. **Track over time**
   Retest 3–6 months later. A trend tells the real story.

Name: _____ *Date:* _____

The Tests to Request

Ask for these by name; your optimal range is individual.

I. THYROID PANEL

1. Full thyroid panel
morning, fasting

Ask for: TSH, Free T3, Free T4, TPO + Tg antibodies
Standard: TSH 0.4–4.0 mIU/L (lab range); ask for the number, not just 'normal.'
TSH alone misses Hashimoto's — the top cause of underactive thyroid.

II. SEX HORMONES

2. FSH, LH, estradiol
day 2–5, morning

Why: baseline ovarian signal; raised FSH hints at perimenopause.

3. Progesterone (mid-luteal)
7 days before period

Standard: > 30 nmol/L confirms ovulation this cycle (NICE).

4. Testosterone + SHBG
day 2–5, morning

Ask for: total testosterone, SHBG, free androgen index, DHEA-S
Why: high free-androgen index + low SHBG points to PCOS (Ch 6); low testosterone can flatten libido and energy.

5. AMH
any day

Use for: fertility planning only — not natural fertility.

6. Prolactin
morning, rested

When: only if periods are irregular/absent, milk-like discharge, or low libido.
Why: raised prolactin can disrupt cycles — your doctor reads the level.

III. METABOLIC AND NUTRIENT

7. Ferritin + iron studies
morning, fasting

Standard: deficiency below 30 µg/L (NICE); low stores cause fatigue, hair loss.

8. Vitamin D (25-OH)
any day

Standard: deficiency < 25, sufficient ≥ 50 nmol/L (UK); affects mood, bone, immunity.

9. Fasting insulin + HbA1c
fasting, morning

Standard: HbA1c < 42 mmol/mol normal, 42–47 pre-diabetes (WHO/NICE).

10. B12, folate + full blood count
any day

Standard: deficiency below 148 pmol/L (NICE); low levels mimic fatigue, brain fog.

IV. STRESS

11. Morning cortisol
~ 8 a.m., fasting

When: only if burnout or "wired-but-tired" pattern (Ch 16).

Standard ranges and thresholds: NICE, NHS and WHO guidance.
Ranges vary between laboratories — your personal target is individual.

my results form on next page →

My Results

Track the trend, not just one number. Don't accept "everything's normal."

TEST	TEST 1	TEST 2	TARGET
date	/ /	/ /	*ask doctor*
TSH			
Free T3			
Free T4			
FSH (day 2–5)			
LH (day 2–5)			
Estradiol (day 2–5)			
Progesterone (mid-luteal)			
Testosterone (total)			
SHBG			
DHEA-S			
Ferritin			
Vitamin D (25-OH)			
Fasting insulin			
HbA1c			
Vitamin B12			
Morning cortisol			

CHECKED ONCE — JUST RECORD THE NUMBER

TPO + Tg antibodies _____ *negative*

Free androgen index _____ *high = PCOS*

AMH _____ *age-dep.*

Prolactin _____ *ask range*

RED FLAGS — DON'T WAIT, CALL TODAY

- Bleeding after menopause
- Chest pain or breathlessness
- Heart racing that won't settle
- Severe new pelvic pain
- Sudden, unexplained weight loss
- Thoughts of self-harm

These need same-day medical advice — do not delay

How to Ask Your Doctor

Specific written requests are harder to wave away than vague ones

BEFORE
the appointment

- Book a longer slot if your system allows
- Note your top three symptoms in writing
- Track two or three cycles first if you can
- Bring this card and Bonus Card 5

DURING
the appointment

- Request each test by name, not vaguely
- Ask for fasting where needed
- Time sex hormones to your cycle day
- Don't settle for a general check

AFTER
the results arrive

- Get the actual numbers, not "normal"
- Note the reference range for each test
- Fill in page 3 of this card
- Plan retest dates if anything needs it

When to Retest

A single result is a snapshot. A trend is the story.

3 MONTHS	**After a change** *Starting a supplement, beginning HRT, or addressing iron deficiency*
6 MONTHS	**For borderline markers** *If a result sits at the edge of optimal, retest to confirm the trend*
1 YEAR	**Once optimised** *Annual check-ins are enough when markers are stable and you feel well*

You are not "checking your hormones." You are taking the wheel.

THE HORMONE BLUEPRINT · BONUS CARD B5

Working With Your Doctor

Walk into the appointment informed, not hopeful

You bring expertise on living in your body; a good doctor brings the training.

BEFORE YOU GO

- **Write a short list —** *your main symptoms, when each started, how they affect you*
- **Note your recent cycle dates —** *sex-hormone tests must be timed to them*
- **Put your three biggest questions first —** *a focused list beats trying to remember*

ASK FOR THESE — BY NAME

- **A full thyroid panel — TSH, Free T3, Free T4, TPO antibodies**
- **Ferritin, and fasting insulin**
- **Sex hormones, timed to my cycle**
- **Vitamin D, and vitamin B12**

Specific, named requests are far harder to wave away.

PREPARE FOR THE BLOOD DRAW

- **Fast where required —** *insulin, glucose, and often thyroid*
- **Go in the morning —** *best for thyroid and cortisol*
- **Skip intense exercise —** *the day before — it skews results*

GET — AND KEEP — YOUR NUMBERS

- **Don't accept "everything's normal" —** *ask for the actual figures and ranges*
- **A single result is a snapshot —** *a trend is the story — retest in 3–6 months*
- **Keep your own copy —** *to track over time, or seek a second opinion*

IF YOU'RE NOT HEARD

- **Repeatedly dismissed? —** *a menopause or hormone specialist is sensible, not difficult*
- **Aim for partnership —** *not deference, and not confrontation*

AFTER YOU START

- **Track something simple —** *energy, sleep, mood, and your key symptoms*
- **Persist with the foundations —** *adjust the specifics that aren't helping*
- **Give most changes 3–6 months —** *not three weeks — hormonal change is slow*

Walk in as an informed partner — not a hopeful patient.

Pair with B1 (your symptoms) and B4 (the tests to ask for).

THE HORMONE BLUEPRINT · BONUS CARD B6

Your 30-Day Reset

One foundation at a time — built to last, not to burn out

Not a quick fix — thirty days to lay a foundation you keep.

HOW THIS WORKS

Each week, add ONE foundation — and keep the earlier ones going. Small steps, repeated, beat any overhaul. Master one before adding the next. Tick each day you keep it up.

WEEK 1 Sleep

Same bed and wake time. Daylight within an hour of waking.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

WEEK 2 + Food

25–30 g protein at breakfast. Protein and fibre before the carbs.

☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14

WEEK 3 + Movement

Two short strength sessions. A 10-minute walk after dinner.

☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21

WEEK 4 + Stress

Two minutes of slow breathing, once or twice a day.

☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28

DAYS 29–30 Look back

☐ 29 ☐ 30

What feels easier than on day one? That's your proof — choose what to carry on.

The extras — supplements, testing, hormones — come only once these feel steady, then one at a time. (See B2 and B5.)

The small version, repeated, becomes the large one. Consistency beats intensity.

THE HORMONE BLUEPRINT · BONUS CARD B7

Your Cycle Tracker

Your cycle is a vital sign — learn to read it

Track two or three cycles and your own pattern appears.

THE FOUR PHASES

PHASE · DAYS	HOW YOU LIKELY FEEL	WHAT HELPS
Menstrual *1–5*	Quiet, tired, inward; clearer once cramps ease	Rest, iron-rich food, magnesium, patience
Follicular *6–13*	Energy and confidence climb; sleep deepens	Use it — train harder, start the big thing
Ovulatory *~14*	Outgoing, magnetic; mid-cycle twinge, libido	Just notice it — your fertile window
Luteal *15–28*	Calm early; PMS, cravings, sensitivity at the end	Protect sleep; less caffeine + alcohol; gentle movement

TRACK EACH CYCLE

Period start date _____

Period length (days) _____ Cycle length, day 1 to next day 1 _____

Flow at heaviest: ☐ light ☐ medium ☐ heavy Pain at worst (0–10) _____

Ovulation signs (twinge · clear stretchy mucus · libido)? ☐ yes ☐ no

Mood symptoms started day ____ — did they lift once bleeding began? ☐ yes ☐ no

Circle what you felt this cycle: *cramps · bloating · sore breasts · headache · low mood · irritability · poor sleep · cravings · fatigue*

Notes _____

NORMAL — AND WHAT TO FLAG

Normal: *cycle 21–35 days · period 2–7 days · mild–moderate cramps day 1–2 · ovulation happening*

Flag it: *soaking a pad or tampon hourly · clots bigger than a coin · pain that stops you · irregular or missing cycles · mood that disrupts life and lifts when you bleed → ask about PMDD*

Read the pattern across cycles — the format matters less than doing it.

THE HORMONE BLUEPRINT · BONUS CARD B8

Your Perimenopause Log

Name the pattern — it is the first and most important step

There is no blood test for this — your record is the evidence.

EARLY vs LATE — THE SYMPTOM MAP

LAYER	EARLY (often 38-45)	LATE (often 45-52)
Cycle	Length varies by >7 days; PMS worsens	Gaps of 60+ days; heavy or skipped periods
Sleep	Waking at 3–4 a.m.; hard to fall back asleep	Night sweats; significant insomnia
Mood	New or worse anxiety, irritability, low mood	More abrupt swings; depression risk peaks
Cognitive	Brain fog begins; word-finding slips	More pronounced; memory and focus affected
Body	Central weight; joint aches; libido dropping	Hot flushes; vaginal dryness; skin changes

TRACK EACH MONTH

Month _____ Layers active this month: ☐ Cycle ☐ Sleep ☐ Mood ☐ Cogn. ☐ Body

Cycle this month (days, or skipped) _____ Overall severity (1–5) _____

New or worse this month _____

Started or changed any treatment? _____

GOOD TO KNOW

- **Starts early —** *often the early 40s, sometimes the mid-30s; it lasts about four years*
- **Often misread —** *as depression, anxiety, burnout, or thyroid — bring your log*
- **Periods stopping before 45 —** *is a conversation worth having with your doctor (B5)*
- **What helps most —** *strength training, protein 1.2–1.6 g/kg, protected sleep, less alcohol*
- **Hormone therapy —** *the most effective medical option in perimenopause — ask if it fits you*

You are not imagining it, and it is not too late. Name it, then act.