

Your Midlife Edit, on paper.

Companion worksheets from the October 2026 book interior. Print only the pages that support your current priority.

Prepare for a conversation

Appointment worksheet and health check tracker.

Your 12-week foundation

Starting point and six fortnightly trackers.

Notice patterns over time

Tracking reference, monthly symptom and cycle tracker, strength log and annual record.

The original book page numbers are retained so you can find the relevant instructions. Tracking is optional: choose what is helpful, rather than completing every sheet.

These worksheets support observation and informed healthcare conversations. They cannot diagnose a condition or replace individual medical advice. Read the relevant book chapter before using a sheet.

Weighing It Up

Use this worksheet to prepare for your appointment. There are no right or wrong answers.

Question	My answer
Which symptoms bother me most, and how much (0–10)?	
How are they affecting my sleep, work, relationships?	
How old am I, and how long since my last period?	
Do I still have a uterus? Do I need contraception?	
Relevant personal or family history (cancer, clots, heart, migraine)?	
Which matters more to me: symptom relief, bone protection, or avoiding medication?	
Which alternatives have I tried or would I consider?	

Questions to ask your doctor

- Which type and route would you suggest for me, and why?
- What are my personal risks and benefits, in numbers?
- What side effects should I expect, and when should I contact you?
- When will we review it, and how do I stop if I want to?

Your Health Check Tracker

Keep your results in one place. It makes appointments easier and shows how your numbers develop over time.

Check	Date	Result	Next due
Blood pressure			
Waist / height			
LDL cholesterol			
HbA1c or glucose			
10-year cardiovascular risk			
Breast screening			
Cervical screening			
Bowel screening			
Bone density / fracture risk			
Other: _____			
Other: _____			

A printable version is available at www.the-fit-edit.com/midlife-edit/downloads.

Your Starting Point

Fill in the first column now and the second in week 12. The comparison is often more motivating than any number on the scale.

	Week 1	Week 12
My main priority (path)		
Self-check: highest area and score		
Sit-to-stand in 30 seconds		
Single-leg stand (seconds, left / right)		
Floor rise without hands (yes / no)		
Waist circumference		
Blood pressure (if known)		
Energy (0–10)		

Weeks 1–2: Tracker

Day	Sleep	Sympt.	Move (min)	Strength	Protein meals	Energy
W1 Mon						
W1 Tue						
W1 Wed						
W1 Thu						
W1 Fri						
W1 Sat						
W1 Sun						
W2 Mon						
W2 Tue						
W2 Wed						
W2 Thu						
W2 Fri						
W2 Sat						
W2 Sun						

Sleep and symptoms: 0 = good / none, 3 = very poor / severe. Energy: 0–10.

Weeks 3–4: Tracker

Day	Sleep	Sympt.	Move (min)	Strength	Protein meals	Energy
W1 Mon						
W1 Tue						
W1 Wed						
W1 Thu						
W1 Fri						
W1 Sat						
W1 Sun						
W2 Mon						
W2 Tue						
W2 Wed						
W2 Thu						
W2 Fri						
W2 Sat						
W2 Sun						

Sleep and symptoms: 0 = good / none, 3 = very poor / severe. Energy: 0–10.

Weeks 5–6: Tracker

Day	Sleep	Sympt.	Move (min)	Strength	Protein meals	Energy
W1 Mon						
W1 Tue						
W1 Wed						
W1 Thu						
W1 Fri						
W1 Sat						
W1 Sun						
W2 Mon						
W2 Tue						
W2 Wed						
W2 Thu						
W2 Fri						
W2 Sat						
W2 Sun						

Sleep and symptoms: 0 = good / none, 3 = very poor / severe. Energy: 0–10.

Weeks 7–8: Tracker

Day	Sleep	Sympt.	Move (min)	Strength	Protein meals	Energy
W1 Mon						
W1 Tue						
W1 Wed						
W1 Thu						
W1 Fri						
W1 Sat						
W1 Sun						
W2 Mon						
W2 Tue						
W2 Wed						
W2 Thu						
W2 Fri						
W2 Sat						
W2 Sun						

Sleep and symptoms: 0 = good / none, 3 = very poor / severe. Energy: 0–10.

Weeks 9–10: Tracker

Day	Sleep	Sympt.	Move (min)	Strength	Protein meals	Energy
W1 Mon						
W1 Tue						
W1 Wed						
W1 Thu						
W1 Fri						
W1 Sat						
W1 Sun						
W2 Mon						
W2 Tue						
W2 Wed						
W2 Thu						
W2 Fri						
W2 Sat						
W2 Sun						

Sleep and symptoms: 0 = good / none, 3 = very poor / severe. Energy: 0–10.

Weeks 11–12: Tracker

Day	Sleep	Sympt.	Move (min)	Strength	Protein meals	Energy
W1 Mon						
W1 Tue						
W1 Wed						
W1 Thu						
W1 Fri						
W1 Sat						
W1 Sun						
W2 Mon						
W2 Tue						
W2 Wed						
W2 Thu						
W2 Fri						
W2 Sat						
W2 Sun						

Sleep and symptoms: 0 = good / none, 3 = very poor / severe. Energy: 0–10.

What to Track, and How Often

Measure	How often	Chapter
Cycle and bleeding	daily, while you still bleed	4, 6
Hot flushes and night sweats	daily, during treatment decisions	7
Sleep quality	daily, for a few weeks	8
Mood and concentration	daily or weekly	9
Headaches and migraine	when they occur	16
Training and strength	every session	17
Pain	weekly	11
Waist circumference	monthly	10
Blood pressure	as advised; one week before appointments	13
Lab values	when tested	24
Quality of life (0–10)	monthly	25

Printable versions of all trackers are available at www.the-fit-edit.com/midlife-edit/downloads. If you prefer apps, choose one that lets you export your data for your doctor.

Monthly Symptom and Cycle Tracker Month: _____

Day	Bleed 0-3	Hot fl. (#)	Sleep 0-3	Mood 0-3	Headache	Energy 0-10	Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Bleeding: 0 none, 1 spotting, 2 normal, 3 heavy. Sleep and mood: 0 good, 3 very poor.

Strength and Training Log

Write weight × repetitions for each set, for example 12 kg × 10, 10, 9.

Exercise	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Date						
Squat / sit-to-stand						
Hinge / deadlift						
Single leg / step-up						
Push						
Pull						
Carry						
Power / impact						
Balance						
Cardio (min, type)						
How I felt (0-10)						

My strength tests

Test	Week 1	Month 3	Month 6	Month 9	Month 12
Sit-to-stand (30 s)					
Single-leg stand L / R (s)					
Floor rise without hands					

My Numbers Over the Year

Measure	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Waist (cm)						
Blood pressure (average)						
Weight (optional)						
Energy (0–10)						
Sleep (0–10)						
Quality of life (0–10)						
Most bothersome symptom (0–10)						

Measure	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Waist (cm)						
Blood pressure (average)						
Weight (optional)						
Energy (0–10)						
Sleep (0–10)						
Quality of life (0–10)						
Most bothersome symptom (0–10)						

Lab values

Test	Date	Result	Date	Result
LDL cholesterol				
HbA1c / glucose				
Ferritin				
Other: _____				