

## THE BLOOM

# Menopause Symptom & Preventive Health Tracker

*A practical tool to spot patterns, decide where to seek help, and stay ahead of midlife health*

## THE BLOOM PRINCIPLE

Track → Spot patterns → Prioritise → Discuss → Prevent

The tracker should never tell a woman which prescription medicine or supplement to take. It should help her identify the right professional conversation and flag areas where evidence-based preventive care may be worth discussing.

## 1. How the Tracker Works

- Daily: record a quick symptom snapshot (1–2 minutes).
- Weekly: review which symptoms are improving, worsening or staying the same.
- Monthly: review patterns and complete the preventive-health checklist.
- Every 3–6 months: generate a “Bloom Health Check” summary to take to a doctor.
- The website converts patterns into three outputs: Who should I talk to? What should I ask about? What preventive checks may be due?

## 2. Daily Symptom Check-In

Use a 0–4 scale for each symptom: 0 = none, 1 = mild, 2 = noticeable, 3 = significant, 4 = severe / interfering with daily life.

| Symptom                               | Today     | Notes / trigger / context |
|---------------------------------------|-----------|---------------------------|
| Hot flashes / flushing                | 0 1 2 3 4 |                           |
| Night sweats                          | 0 1 2 3 4 |                           |
| Sleep difficulty                      | 0 1 2 3 4 |                           |
| Night waking                          | 0 1 2 3 4 |                           |
| Fatigue / low energy                  | 0 1 2 3 4 |                           |
| Brain fog / concentration             | 0 1 2 3 4 |                           |
| Memory difficulties                   | 0 1 2 3 4 |                           |
| Irritability / mood swings            | 0 1 2 3 4 |                           |
| Anxiety / feeling overwhelmed         | 0 1 2 3 4 |                           |
| Low mood                              | 0 1 2 3 4 |                           |
| Headache / migraine                   | 0 1 2 3 4 |                           |
| Joint / muscle pain                   | 0 1 2 3 4 |                           |
| Reduced strength / exercise tolerance | 0 1 2 3 4 |                           |
| Palpitations                          | 0 1 2 3 4 |                           |
| Vaginal dryness / discomfort          | 0 1 2 3 4 |                           |
| Pain with sex                         | 0 1 2 3 4 |                           |
| Reduced libido                        | 0 1 2 3 4 |                           |
| Urinary symptoms                      | 0 1 2 3 4 |                           |

|                                  |           |  |
|----------------------------------|-----------|--|
| Skin changes                     | 0 1 2 3 4 |  |
| Hair thinning / change           | 0 1 2 3 4 |  |
| Digestive / bowel changes        | 0 1 2 3 4 |  |
| Weight / body-composition change | 0 1 2 3 4 |  |

### 3. Weekly Pattern Review

**Q23. Compared with last week, my overall symptoms are:**

- Much better
- A little better
- About the same
- A little worse
- Much worse

**Q24. Which 3 symptoms are affecting you most right now?**

- Select up to 3 from the daily symptom list

**Q25. What seems to trigger or worsen your symptoms?**

- Poor sleep
- Stress
- Alcohol
- Caffeine
- Heat
- Certain foods
- Missed meals
- Inactivity
- Intense exercise
- Work demands
- Nothing obvious
- Other

**Q26. What seems to help?**

- Exercise / strength training
- Better sleep routine
- Stress reduction
- Cooling strategies
- Diet changes
- Hydration
- Medication / treatment
- Supplement
- Nothing obvious
- Other

### 4. Period & Menopause Context

**Q27. What is your period pattern this month?**

- Regular
- Shorter than usual
- Longer than usual

- Skipped
- Very heavy
- Very light
- Spotting
- No period
- Not applicable

**Q28. Longest gap between periods in the last 3 months:**

- <30 days
- 30–59 days
- 60–89 days
- 90–179 days
- 180+ days
- Not sure / not applicable

## 5. “Who Should I See?” Direction Finder

This section should generate a suggested direction, not a diagnosis or referral mandate.

| Pattern / Concern                                                                                               | Useful professional conversation                       | Why it may be relevant                                                               |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------|
| Hot flashes / night sweats affecting sleep or work                                                              | Menopause-trained GP / gynaecologist                   | Discuss menopause management and symptom options.                                    |
| Irregular / changing periods                                                                                    | Gynaecologist or menopause-trained clinician           | Assess menstrual transition and exclude other causes when appropriate.               |
| Very heavy bleeding, bleeding between periods, bleeding after sex, or bleeding after 12+ months without periods | Prompt medical / gynaecology review                    | Do not assume abnormal bleeding is “just menopause”.                                 |
| Persistent low mood, anxiety or emotional distress                                                              | GP / mental-health professional                        | Menopause can overlap with mental-health symptoms; support should be individualised. |
| Vaginal dryness, painful sex, urinary symptoms                                                                  | Gynaecologist / menopause-trained clinician            | Genitourinary symptoms have specific treatment options.                              |
| Joint pain, reduced strength, repeated falls or exercise limitation                                             | GP / physiotherapist / exercise professional           | Assess musculoskeletal health and safe strength-building.                            |
| Marked fatigue, palpitations, unexpected weight change or symptoms that feel unusual                            | GP / appropriate medical specialist                    | Consider other medical explanations rather than attributing everything to menopause. |
| High blood pressure, abnormal lipids, high glucose or strong family cardiovascular risk                         | GP / physician                                         | Midlife is an important opportunity to assess cardiovascular risk.                   |
| Low bone health / fracture risk / early menopause                                                               | GP / menopause clinician; bone specialist if indicated | Bone health and fracture risk become increasingly important after menopause.         |

## 6. Supplement & Nutrition Direction Finder

**Important:** The tracker should not automatically recommend supplements from symptoms alone. Symptoms such as fatigue, hair loss, brain fog or cramps can have many causes. Instead, the tool should suggest what to discuss, whether a dietary assessment or blood test may be appropriate, and whether a clinician/pharmacist should review existing supplements and medicines.

| Area to review      | Tracker trigger                                                                     | Conversation to consider                                                | Do not do automatically                                              |
|---------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------|
| Calcium / Vitamin D | Low dietary intake, low sun exposure, bone-risk factors                             | Assess diet, bone risk and whether vitamin D/calcium intake is adequate | Do not prescribe a dose solely from symptoms.                        |
| Iron                | Heavy periods + fatigue, breathlessness, restless legs or other suggestive symptoms | Ask whether CBC/ferritin or other assessment is appropriate             | Do not assume fatigue = iron deficiency or start iron blindly.       |
| B12 / folate        | Dietary restriction, neurological symptoms, fatigue or clinician concern            | Discuss diet and whether testing is appropriate                         | Do not use high-dose B12/folate as a universal menopause supplement. |

|                     |                                                                                                   |                                                                 |                                                                       |
|---------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------|
| Thyroid             | Fatigue, temperature sensitivity, palpitations, bowel/weight changes or other suggestive symptoms | Ask clinician whether thyroid testing is warranted              | Do not interpret thyroid symptoms as menopause automatically.         |
| Magnesium           | Dietary intake / specific clinical context                                                        | Discuss food sources and whether supplementation is appropriate | Do not make magnesium a default treatment for all menopause symptoms. |
| Omega-3             | Dietary pattern / cardiovascular risk discussion                                                  | Discuss dietary fish/plant sources and individual need          | Do not promise omega-3 will treat menopause symptoms.                 |
| Protein             | Low protein intake, low strength, muscle loss risk                                                | Review diet and resistance training; consider dietitian input   | Do not frame protein powder as mandatory.                             |
| General supplements | Multiple symptoms with no clear cause                                                             | Medication/supplement review with clinician or pharmacist       | Avoid a blanket “menopause multivitamin” recommendation.              |

## 7. Preventive Health Dashboard

This is the feature that can make The Bloom tracker more than a symptom diary: a simple “Have I checked this?” dashboard. Timing must be localised to the country, age, risk factors and clinician guidance.

| Health area       | Track / ask about                                             | Last done | Due / discuss | Status                                                                     |
|-------------------|---------------------------------------------------------------|-----------|---------------|----------------------------------------------------------------------------|
| Blood pressure    | BP measurement / cardiovascular risk                          | _____     | _____         | <input type="checkbox"/> Up to date <input type="checkbox"/> Due           |
| Blood sugar       | Diabetes risk / HbA1c or other appropriate test               | _____     | _____         | <input type="checkbox"/> Up to date <input type="checkbox"/> Due           |
| Cholesterol       | Lipid profile / cardiovascular risk                           | _____     | _____         | <input type="checkbox"/> Up to date <input type="checkbox"/> Due           |
| Bone health       | Fracture risk; DXA when indicated                             | _____     | _____         | <input type="checkbox"/> Up to date <input type="checkbox"/> Discuss       |
| Breast health     | Mammography / breast-risk assessment per local guidance       | _____     | _____         | <input type="checkbox"/> Up to date <input type="checkbox"/> Due           |
| Cervical health   | HPV/cervical screening per local guidance                     | _____     | _____         | <input type="checkbox"/> Up to date <input type="checkbox"/> Due           |
| Colorectal health | Age/risk-appropriate screening                                | _____     | _____         | <input type="checkbox"/> Up to date <input type="checkbox"/> Due           |
| Dental health     | Routine dental examination / gum health                       | _____     | _____         | <input type="checkbox"/> Up to date <input type="checkbox"/> Due           |
| Eye health        | Vision / eye health review                                    | _____     | _____         | <input type="checkbox"/> Up to date <input type="checkbox"/> Due           |
| Mental wellbeing  | Mood, anxiety, sleep and stress check                         | _____     | _____         | <input type="checkbox"/> Up to date <input type="checkbox"/> Discuss       |
| Lifestyle         | Strength, aerobic activity, nutrition, sleep, alcohol/tobacco | _____     | _____         | <input type="checkbox"/> On track <input type="checkbox"/> Needs attention |
| Medicines         | Prescription + OTC + supplements review                       | _____     | _____         | <input type="checkbox"/> Reviewed <input type="checkbox"/> Due             |

## 8. Preventive Care: What the Tracker Should Flag

- Bone health: postmenopausal women under 65 may need osteoporosis risk assessment when risk factors are present; routine DXA is recommended for women 65+ in USPSTF guidance. Local guidelines may differ. [cite search0 search10](#)
- Breast screening: screening intervals vary by country and individual risk. Current USPSTF guidance recommends biennial mammography from age 40–74 for average-risk women. The Bloom should localise the schedule for its users. [cite search4](#)
- Colorectal screening: USPSTF guidance recommends screening average-risk adults from age 45, with different options and intervals. The Bloom should again localise recommendations. [cite search3 search5](#)
- Menopause care: NICE guidance supports individualised assessment and management of symptoms, including genitourinary symptoms, mental health and referral to menopause expertise when appropriate. [cite search48](#)

## 9. Monthly Bloom Health Report

At the end of each month, the website should automatically create a one-page summary that a woman can save or share with her clinician.

- Menopause stage / confidence from the Stage Finder.
- Top 5 symptoms and their average severity.
- Symptoms improving vs. worsening.
- Top 3 triggers and top 3 helpful behaviours.
- Sleep pattern and impact on functioning.
- Period pattern / bleeding changes.
- Current medications, OTC products and supplements.
- Preventive checks completed / due / discuss.
- Questions to take to the doctor.
- A clear safety message if any red-flag symptoms were logged.

## 10. Example: Personalised Output

### YOUR BLOOM HEALTH PICTURE

🌸 Menopause stage: Late Perimenopause — High confidence

🔥 Symptom impact: High

Top concerns: Night sweats • Sleep • Brain fog

### WHO TO CONSIDER TALKING TO

→ Menopause-trained GP / gynaecologist: discuss symptom management.

→ GP / physician: consider broader assessment if fatigue, palpitations or other unusual symptoms persist.

### WHAT TO DISCUSS

→ Whether your symptoms warrant treatment options.

→ Whether your diet provides adequate calcium, vitamin D and protein.

→ Whether any blood tests are appropriate based on your symptoms and history.

### PREVENTIVE CARE TO CHECK

☐ Blood pressure ☐ Glucose ☐ Lipids ☐ Breast screening ☐ Cervical screening

☐ Bone-risk review ☐ Colorectal screening when age/risk appropriate ☐ Medication/supplement review

### YOUR NEXT STEP

Take this summary to your next healthcare appointment. You do not need to figure it all out alone.

## 11. Safety Rules for the Digital Product

- Never diagnose a condition from symptoms alone.
- Never recommend prescription medicines or supplement doses without appropriate clinical context.
- Avoid “detox”, hormone-balancing and other unsupported claims.
- Use red-flag escalation for abnormal bleeding, severe/new symptoms and other clinically concerning patterns.
- Allow the woman to record pregnancy possibility, contraception, hysterectomy and treatment-induced menopause because these materially change interpretation.
- Include a medication + supplement interaction review prompt before any supplement discussion.

- Localise preventive screening guidance by country. Do not present US screening ages as universal medical advice.
- Have the final tracker, algorithms and escalation language reviewed by a qualified menopause clinician and, for India, an appropriate local medical/legal reviewer.

## 12. Suggested Disclaimer

IMPORTANT: The Bloom Symptom & Preventive Health Tracker is an educational and self-monitoring tool. It does not diagnose menopause, nutrient deficiencies or other medical conditions, and it does not replace medical advice. Symptoms can have many causes. Recommendations about tests, medicines or supplements should be made with a qualified healthcare professional who knows your medical history. If you have severe, sudden, unusual or concerning symptoms, seek medical care rather than relying on the tracker.

## 13. Product Opportunity: Make This a Living Health Record

The strongest version of this product is not a one-time quiz. It is a longitudinal “Bloom Health Record” that combines the Stage Finder, symptom trends, period history, preventive-care checklist and clinician-ready reports.

- Stage Finder → establishes the starting point.
- Daily tracker → captures symptom intensity.
- Trend engine → identifies persistent or worsening patterns.
- Preventive dashboard → keeps midlife health checks visible.
- Care navigator → suggests the most relevant type of professional conversation.
- Clinician report → turns subjective symptoms into a concise, useful appointment summary.