



Perimenopause Support Assessment

Name: _____ Date: _____

Instructions: Select the response that most closely reflects what you are currently experiencing. The scoring code shown after the arrow corresponds with a support category. After completing the assessment, tally how many times each letter appears.

1. Which statement best describes your menstrual cycle?

- A. Fairly regular, slight 1–2 day variation → **A**
- B. Irregular – too long or too short → **B**
- C. Spotting or breakthrough bleeding between periods → **C**

2. How often do you experience hot flashes or night sweats?

- A. Rarely – No more than once a week → **D**
- B. A few times per week → **B**
- C. Daily or multiple times during the night → **D, B**

3. Which mental or emotional pattern best reflects your current experience?

- A. Difficulty concentrating, thinking clearly, or staying focused → **E**
- B. Irritability, anxiety, mood changes, or increased emotional sensitivity → **C**
- C. Generally stable, but energy and motivation are low → **F**

4. How would you describe your energy level during the day?

- A. Declines by midday → **A**
- B. Relatively good in the morning but declines in the afternoon → **F**
- C. Stable throughout the day → **(no score)**

5. How well do you tolerate and recover from stress?

- A. I generally manage stress and recover appropriately → **(no score)**
- B. I often feel tense, overstimulated, overwhelmed, or unable to relax → **G**
- C. Stress leaves me feeling physically or mentally depleted → **G, F**

6. Which statement best describes your sleep?

- A. I fall asleep without difficulty but wake feeling unrefreshed → **D**
- B. I have difficulty falling asleep → **E, D**
- C. I wake multiple times during the night and experience night sweats → **D, B**

7. Which symptom currently has the greatest effect on your quality of life?

- A. Irregular, shortened, prolonged, or skipped menstrual cycles → **B**
- B. Mood changes, irritability, or increased emotional sensitivity → **C**
- C. Fatigue, reduced stamina, or low motivation → **A**
- D. Difficulty falling asleep, staying asleep, or feeling rested → **D**

8. Have you noticed changes in your sex drive?

- A. My sex drive has consistently decreased → **C, E**
- B. My sex drive fluctuates → **B**
- C. I have not noticed a meaningful change → **(no score)**

9. Have you noticed changes in your appetite?

- A. I have increased cravings, particularly for carbohydrates or sweets → **F, A**
- B. My appetite decreases, particularly during periods of stress → **G**
- C. I have not noticed a meaningful change → **(no score)**

10. Have you experienced changes in your digestion?

- A. Increased bloating, sluggish digestion, or discomfort after eating → **A**
- B. Occasional cramping or digestive discomfort → **B**
- C. No considerable changes → **(no score)**

11. Which statement best describes your memory and mental clarity?

- A. I am frequently forgetful or have difficulty recalling information → **E**
- B. I occasionally experience mild brain fog or slowed thinking → **F**
- C. My memory and mental clarity are normal → **(no score)**

12. Which best describes your cortisol pattern?

- A. Peaks in the morning, and crashes by afternoon → **G**
- B. Low levels all day → **G, F**
- C. Normal rhythm → **(no score)**

13. How frequently do you experience increased emotional reactivity, such as tearfulness, anger, or frustration?

- A. Rarely → **(no score)**
- B. Occasionally → **C**
- C. Frequently → **C, E**

14. What most commonly appears to trigger your hot flashes or night sweats?

- A. Stress or overexertion → **G**
- B. Environmental heat changes → **D, B**
- C. Hormonal shifts during my menstrual cycle → **B**

15. Have you noticed changes in your skin or hair?

- A. My skin or hair has become increasingly dry or brittle → **A**
- B. I experience occasional breakouts → **C**
- C. No meaningful change → **(no score)**

16. Have you noticed changes in your weight?

- A. I have experienced increased weight around my waist or abdomen → **A, F**
- B. I have noticed reduced muscle tone, strength, or lean body mass → **A**
- C. No meaningful change → **(no score)**

17. Which mental pattern best reflects your experience?

- A. Persistent or racing thoughts → **E, D**
- B. Low motivation → **A**
- C. No significant symptoms → **(no score)**

18. How do you often respond during periods of sustained pressure or stress?

- A. I experience increased cravings for carbohydrates or sweets → **F**
- B. I feel jittery, anxious, tense, or unusually alert → **G**
- C. I experience pronounced fatigue or an increased need to rest → **A**

19. How frequently do you use sleep aids?

- A. Never or rarely → **(no score)**
- B. Occasionally → **D**
- C. Regularly → **D, E**

20. When does your energy peak?

- A. Primarily in the morning → **F**
- B. Through the morning and into the early afternoon → **A**
- C. My energy is inconsistent or unpredictable → **G**

Tally Your Answers

Count how many times each score letter appears after the arrows and enter the total:

of A's _____

of E's _____

of B's _____

of F's _____

of C's _____

of G's _____

of D's _____

Interpretation

A — High Vitality

B — Femme Harmony

C — Hormone Combination

D — Perfect Sleep

E — Elevate

F — Vitalyze

G — HPAxis

Understanding Your Results

Your highest-scoring category or categories may help identify the areas of support most relevant to your current symptoms. Share your completed assessment with your healthcare practitioner, who can review the results alongside your health history, medications, lab findings, and individualized care plan.

Instructions: Select your top two highest scoring letters and corresponding remedies.



A – High Vitality

For the temporary relief of symptoms related to aging including fatigue, minor joint pain and muscle soreness. Available as drops and tablets.



B – Femme Harmony

Provides targeted ingredients to nourish the body during menopause. This combination formula was designed to help support relief from common menopausal discomforts while supporting overall well-being.



C – Hormone Combination

For the temporary relief of symptoms related to hormone imbalances or insufficiencies in men and women, including low energy, inability to handle stress, trouble focusing, changes in mood, infertility, irregular menstrual cycles, and lack of libido.



D – Perfect Sleep

For the temporary relief of the symptoms of sleeplessness such as tiredness, fatigue, and lack of energy. Available in drops and tablets.



E – Elevate

For the temporary relief of symptoms including feeling of hopelessness, sadness, difficulty sleeping, difficulty concentrating, irritability, loss of appetite, and self loathing.



F – Vitalize

Combines nutrients, botanicals, and amino acid precursors for healthy mood, emotional balance, and to support cognitive performance.



G – HPAxis

For the temporary relief of symptoms related to circadian rhythm imbalances such as overuse of stimulants, anxiousness, sleep disturbances, circulatory imbalances, decreased sex drive and salt cravings.

DesBio homeopathic medicines are for the temporary relief of self-diagnosing symptoms. DesBio Dietary Supplements are for supporting the structure and function of the body.