THE PROTOCOL LAB • WORKSHEET 01

The Perimenopause Supplement Decision Sheet

Most women arrive here with a cupboard full of bottles and no way to tell which one is doing anything. This sheet fixes that. It is not a list of supplements to buy. It is the **order** to do things in — because the order matters more than the ingredients.

The three rules this sheet runs on

Rule 01	**Rule things out before you add things in.** A low ferritin or a quiet thyroid problem will out-shout every botanical you own.
Rule 02	**One variable at a time, always.** Slower, and the only way you end up knowing something you can keep.
Rule 03	**Judge by symptoms, not by how full the cupboard looks.** The scoreboard is the number you wrote down, not the number of bottles.

How to use this sheet

Four pages, twelve weeks, one change at a time.

STEP	WHAT YOU DO	WHERE
1	**Score your baseline**	This page. Seven days of numbers before you change anything.
2	**Ask for the right labs**	Page 3. Rule out the deficiencies that impersonate perimenopause.
3	**Correct what is low first**	Page 3. Vitamin D, ferritin, B12 — before any botanical.
4	**Match symptom to mechanism**	Page 2. Choose from the driver, not the label.
5	**Test one thing at a time**	Page 4. Four to six weeks each. Judge at week 12.

Step 1 / Your Week 0 baseline

Pick your three loudest symptoms. Score each one 1–10 every evening, where 10 is the worst it gets. Do not change anything this week.

SYMPTOM	D1	D2	D3	D4	D5	D6	D7	AVG

Hours slept _____ **Times woken** _____ **Cycle day / bleeding** _____

The one symptom I most want gone by week 12 _____

Why this week is the highest-leverage page in the sheet

“I think I’m sleeping a bit better?” is not data. It is hope, and hope fades by week three. A number you wrote down before you changed anything is the only thing that will tell you, in ten weeks, whether a supplement earned its place or just cost you money.

Step 4 / Match the symptom to the mechanism

Start with your loudest symptom. Read across. Choose from the driver, never from the label on the bottle.

YOUR LOUDEST SYMPTOM	LIKELY DRIVER	WHAT THE EVIDENCE POINTS TO	TEST FIRST
Insomnia, 3am waking, new anxiety	Progesterone falling; reactive HPA axis	Ashwagandha; magnesium glycinate; DHA-rich omega-3	Cortisol pattern, ferritin
Hot flashes and night sweats	Erratic estrogen	Black cohosh	Full thyroid panel
Brain fog, slower word recall	Falling brain estrogen; low creatine stores	Creatine; omega-3	B12, ferritin, thyroid
Joint aches, weakness, muscle loss	Estrogen decline; early sarcopenia	Creatine + resistance training; vitamin D	25(OH)D, CRP
Low mood, irritability	Estrogen and progesterone swings	Omega-3; ashwagandha; soy isoflavones	Vitamin D, thyroid
Heavy periods, deep fatigue	High-estrogen cycles; iron loss	Iron — *only* if ferritin is low	Ferritin, CBC

The evidence, ranked

Doses are what the published trials used, for context only. They are not a prescription — your practitioner sets your dose.

SUPPLEMENT	BEST FOR	EVIDENCE	TRIAL DOSE	WATCH OUT FOR
TIER 1 — BEST SUPPORTED				
Creatine monohydrate	Muscle, bone, brain fog	Strong	3–5 g daily	Water weight early on
Vitamin D3	Fatigue, aches, mood	Strong *if low*	Set by your level	Test first; more is not better
Ashwagandha root	Anxiety, 3am waking	Good	300 mg twice daily	Thyroid, liver, pregnancy
Black cohosh	Hot flashes, night sweats	Good	20–40 mg extract	Liver disease
Omega-3 (EPA/DHA)	Mood, brain, sleep	Moderate	1–2 g EPA+DHA	Blood thinners
TIER 2 — MIXED EVIDENCE				
Magnesium glycinate	Sleep, tension, migraine	Mixed, low certainty	200–400 mg elemental	Loose stools with citrate/oxide
Soy isoflavones	Mood, palpitations	Mixed; not hot flashes	50–100 mg daily	Conflicts of interest in trials
TIER 3 — SKIP, OR PRACTITIONER ONLY				
“Hormone balance” blends	—	None	Undisclosed	You cannot tell what is working
OTC DHEA, pregnenolone	—	Practitioner only	—	These are hormones, not vitamins

Evidence grades reflect randomized trial data, weighted toward trials run in *perimenopausal* women rather than only postmenopausal ones. Full citations are in the article this sheet accompanies.

Steps 2 and 3 / The labs worth asking for

Bring this page to your appointment. These five catch the deficiencies that impersonate perimenopause — the ones no botanical will fix.

☐ **25(OH) vitamin D**	Low levels cause the exact triad you came in with: fatigue, aches, low mood.
☐ **Ferritin**	Iron stores. Heavy perimenopausal bleeding drains this quietly, long before haemoglobin drops.
☐ **Vitamin B12**	Low B12 mimics brain fog and tingling. Common on metformin, acid blockers, or a plant-based diet.
☐ **Full thyroid panel**	TSH, free T4, free T3, TPO antibodies. Thyroid disease mimics almost every perimenopause symptom.
☐ **HbA1c**	Blood sugar drifts upward in perimenopause and drives energy crashes and night waking.

Normal is not the same as optimal

A result inside the reference range is not automatically a result that is serving you well. Ferritin of 14 prints as “normal” on most lab reports and sits far below where most functional practitioners want it. Write your actual numbers down rather than accepting “everything came back fine” — then discuss the numbers, not the verdict.

My results

LAB	DATE	MY RESULT	REFERENCE RANGE	ACTION AGREED
25(OH) vitamin D				
Ferritin				
Vitamin B12				
TSH				
Free T4 / Free T3				
TPO antibodies				
HbA1c				

Before you start anything

Two safety checks that matter more than any supplement choice.

Tell your practitioner if any of these apply to you

☐ **Liver condition**	Rules out black cohosh; raises caution with ashwagandha.
☐ **Thyroid condition or medication**	Ashwagandha can raise thyroid hormone levels.
☐ **Blood thinners**	Relevant to higher-dose omega-3.
☐ **Oral contraceptives or an SSRI**	St John’s wort, often bundled with black cohosh, interacts with both.
☐ **Pregnant, or trying to conceive**	Perimenopause and pregnancy overlap. Ashwagandha is not for pregnancy.
☐ **A history of hormone-sensitive cancer**	Discuss black cohosh and soy isoflavones before starting either.

See a doctor, not a supplement, for any of these

Bleeding between periods or after sex • periods lasting more than seven days • soaking through a pad every hour • any bleeding after twelve months without a period • hot flashes alongside unexplained weight loss or a racing heart at rest. These need investigating. They are not a supplement problem.

Step 5 / The 12-week one-at-a-time tracker

One change at a time, four to six weeks each. Add three things on the same Monday and you will never know which one worked.

WK	DATES	THE ONE THING I AM TESTING	DOSE	S1	S2	S3	KEEP?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

S1–S3 are the three symptoms you named on page 1. Score them weekly, same day, same time. The heavier lines mark where one trial ends and the next begins.

What a fair trial looks like

How long to give each one before you judge it.

Magnesium 2–4 weeks	**Ashwagandha** 4–6 weeks	**Black cohosh** 4–8 weeks
Creatine 8–12 weeks	**Vitamin D** 8–12 weeks	**Omega-3** 8–12 weeks

Week 12 / The reckoning

What I am keeping, and the number that proves it

What I am dropping

What I want to ask my practitioner next

Your body is not malfunctioning. It is transitioning.

A stack you can explain is worth more than a bigger one you cannot. Keep only what moved a number, take this sheet to your next appointment, and read the full evidence review at **deeperthansymptoms.com/perimenopause-supplements**.