



My Menopause Mouth Checklist

10 things I can check myself

BECAUSE A HEALTHIER MOUTH SUPPORTS A HEALTHIER YOU

Before My Dental Visit

COMPLETE THIS PAGE AND BRING IT WITH YOU

SMALL STEPS
MAKE A BIG DIFFERENCE

- 1 ☐ **Check my saliva — dryness + pH**
Do I wake up or need water with dry foods? If I use pH strips, record several readings under similar conditions.
Saliva pH readings: _____ Notes: _____
- 2 ☐ **Sip Smart — test what I drink**
Test the pH of the drinks I sip most often. Note which ones are acidic and which I sip for long periods.
Most common drinks + pH: _____
- 3 ☐ **Map where my gums bleed**
Clean between every tooth and mark where I bleed on the tooth map (page 2).
What I noticed: _____
- 4 ☐ **Look for grinding + tooth wear**
Check for flat edges, chips, cracks or shortening. Take baseline photos if you notice wear.
Signs I noticed: _____
- 5 ☐ **Check for reflux + acid exposure**
Notice heartburn, sour taste, nighttime reflux, frequent acidic drinks or unexplained tooth sensitivity/wear.
My triggers / exposures: _____
- 6 ☐ **Do my Menopause Airway Check**
Check any symptoms I notice: ☐ Snoring ☐ Waking tired ☐ Morning headache
☐ Dry mouth on waking ☐ Daytime choking ☐ Witnessed pauses
- 7 ☐ **Measure my neck circumference**
Record my number (a screening cue, not a diagnosis). _____ inches _____ cm
- 8 ☐ **Bring my medication + supplement list**
List all prescriptions, over-the-counter medicines and supplements — especially anything started around the time my mouth became dry.
Medications / supplements: _____
- 9 ☐ **Know my bone health**
Have I ever had a DEXA / bone-density test? ☐ Yes ☐ No ☐ Not sure
Last result, if known: _____ Date: _____
- 10 ☐ **Know my blood sugar**
Latest HbA1c or fasting glucose, if known.
HbA1c: _____ Fasting glucose: _____ Date: _____ ☐ I don't know my numbers.



My Dental Visit Checklist

5 questions to ask my dental team

BETTER QUESTIONS. BETTER CONVERSATIONS. BETTER CARE.

At My Dental Appointment

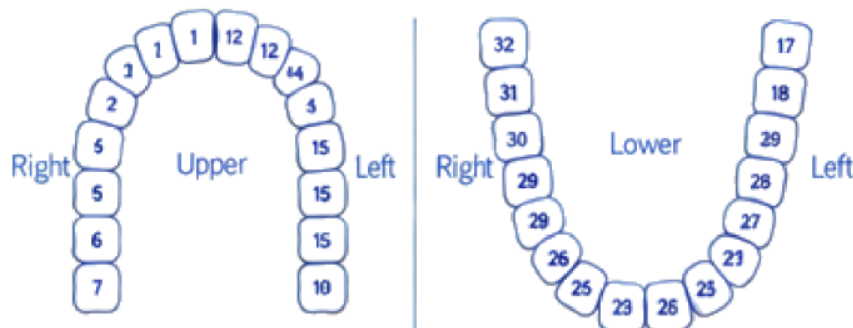
TAKE THIS PAGE WITH YOU

INFORMED PATIENTS
GET BETTER CARE

- ☐ **Show me my vulnerable spots.**
Can you show me areas of concern such as recession, deeper pockets, wear, decay or other changes?
Notes: _____
- ☐ **What has changed since my last visit?**
Have there been changes in my gums, bone, bite, cavities, wear or soft tissues?
Notes: _____
- ☐ **Please check all soft tissues and complete my oral cancer screening.**
I would like a full head and neck / oral cancer screening as part of my checkup.
Notes: _____
- ☐ **Could any of my medications be contributing to dry mouth or other changes?**
Here is my medication and supplement list (see page 1).
Notes: _____
- ☐ **Show me how to clean my vulnerable areas.**
Please demonstrate the best way to clean my gums, between my teeth and around any exposed roots. I may take a short video of the technique.
Notes: _____

Mark where I bleed

Use an X on the teeth where my gums bleed.



My vulnerable spots
