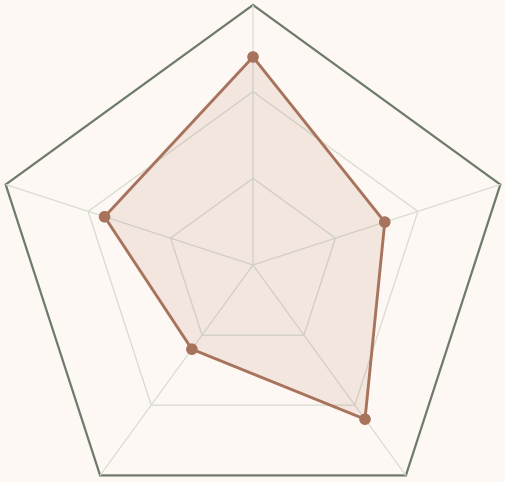
ABUNDANTLYMARI

The 35+ Wellness Audit

WHERE YOUR ATTENTION MAY BE NEEDED NEXT

Five domains, scored honestly in about forty minutes. You will leave with one or two priorities, one next move, and a much shorter list of things to worry about.



START HERE

Not another list of things to fix.

By 35 most of us have read enough about sleep, protein and cortisol to teach a short course. What tends to be missing is not another explanation. It is a way of deciding which one or two things deserve the next ninety days — and the permission to leave the rest alone.

HOW THIS WORKS

Set aside forty minutes and answer from the last thirty days, not from the ideal version of your life. Score each statement from **0 to 3**: 0 is not true right now, 1 is occasionally true, 2 is often true, 3 is consistently true. Each domain totals 15.

Then you will choose **one or two priorities**. Not five. The goal is traction, not a renovation.

WHAT A LOW SCORE MEANS

A low score is a signal, not a verdict. It usually points at one of four things: an environment that makes the good choice hard, a habit that needs redesigning, a season carrying more than it can hold, or a question that belongs with a clinician.

Sometimes a low score is simply the correct trade for this season. That is a legitimate answer, and naming it deliberately is different from drifting into it.

CAPACITY BANDS, PER DOMAIN

ONE QUIET RULE

Nothing in these pages is a test you can fail. The scores exist to make a decision easier, and a decision made from an honest number tends to hold up better than one made from a good intention.

Before you begin

SAFETY COMES BEFORE STRATEGY

THE RED-FLAG PRINCIPLE

This workbook is calm on purpose. Some symptoms are not. If something feels sudden, severe, unsafe, progressive or simply not right for you, contact a qualified healthcare professional. For emergency symptoms, seek urgent care or call emergency services. Nothing in these pages is a reason to wait.

WORTH TAKING SERIOUSLY

- ☐ Chest pain or pressure, shortness of breath, fainting, sudden weakness, severe headache, one-sided numbness, confusion, or sudden changes in vision or speech.
- ☐ Heart palpitations with dizziness, chest discomfort or shortness of breath.
- ☐ Bleeding after menopause, very heavy bleeding, or any bleeding pattern that worries you.
- ☐ Severe depression, thoughts of self-harm, or anxiety that feels unsafe or unmanageable.
- ☐ Sudden unexplained weight loss, persistent fever, night sweats unrelated to known menopause symptoms, or new severe pain.
- ☐ Severe insomnia, loud snoring with gasping, or daytime sleepiness that affects driving or safety.

A SHORT BASELINE — FACTS BEFORE OPINIONS

Fill in what you know. Blanks are useful too; several of them tend to become the first appointments worth booking.

Date of this audit		Age	
Blood pressure, last reading		When it was taken	
Last preventive visit		Cycle status	
Anything I am currently taking			

WHY THIS PAGE IS FIRST

A plan built without a few basic numbers tends to be decoration. Facts first, then scores, then strategy — in that order, every time.

Evidence · Experience · Economics

THE FILTER BEHIND EVERY DECISION HERE

Three questions, asked in the same order, about anything that wants a place in your life. They are the whole editorial standard at AbundantlyMari, and they work just as well on a supplement as on a Tuesday morning.

EVIDENCE

What does credible research support, and how strong is that support really? Studied in humans or in cells? In women, and in women near this age? Is the effect large enough to notice in a life, or only large enough to reach significance?

EXPERIENCE

What does this do in *my* body, over *my* real week? Personal experience is not evidence — but it is the only place evidence ever has to land, and it decides whether something survives a month.

ECONOMICS

What does it cost in money, time and attention? Monthly costs hide; annual ones decide. A modest benefit at a large cost is still a poor trade, however well studied it is.

> **HOW THE THREE BEHAVE TOGETHER**
>
> Something rarely clears all three. When evidence is strong and economics are kind, it belongs in the foundation — strength work and a consistent sleep window live here. When evidence is thin but the cost is small and the experience is good, it can stay as a preference, provided it is filed honestly as one.
>
> The expensive mistakes tend to arrive when a thin-evidence purchase gets layered on top of an unfinished foundation. It looks like progress, which is exactly what makes it costly.

A beautiful claim is still a claim.

01 Sleep

NIGHTLY RECOVERY

WHY THIS ONE MATTERS AT 35+

Sleep quietly sets the ceiling for most of what follows in this workbook — appetite signaling, training recovery, mood and focus all sit downstream of it. It is also one of the first things the menopause transition disturbs, often well before cycles change in any obvious way.

> **ANCHOR**
>
> Most adults need at least seven hours of sleep a night (CDC).

STATEMENT — ANSWER FROM THE LAST 30 DAYS	0	1	2	3
I get enough sleep to function steadily the next day, most nights.				
My sleep and wake times are reasonably consistent, weekends included.				
I wake feeling restored at least several mornings a week.				
Evening light, caffeine, alcohol and late work rarely cost me sleep.				
Persistent insomnia, snoring or night sweats have a plan rather than a workaround.				

CAPACITY SCORE _____ / 15 | BAND _____

READING THE SCORE

Sleep behaves like a capacity input rather than a reward for finishing everything else. When the score here is low, the most useful next move is usually environmental, scheduling or clinical — rarely a supplement.

> **WORTH A CLINICIAN'S ATTENTION**
>
> Loud snoring with gasping or pauses, sleepiness that affects driving, or insomnia lasting more than three months.

THE CHEAPEST MEANINGFUL MOVE

A fixed wake time, caffeine moved earlier, and a room that is dark and genuinely cool. Cost: nothing.

WHAT I NOTICE

02 Strength & Movement

MUSCLE, BONE AND THE ABILITY TO DO THINGS

WHY THIS ONE MATTERS AT 35+

Muscle and bone are use-it-or-lose-it assets, and the losses accelerate through the menopause transition. Strength is the least glamorous line in a wellness budget and reliably one of the best supported.

ANCHOR

150 minutes of moderate activity weekly, plus two days of muscle-strengthening work (CDC).

STATEMENT — ANSWER FROM THE LAST 30 DAYS	0	1	2	3
I do strengthening work at least twice weekly, or I have a realistic path back to it.				
Across a month my training covers legs, hips, back, chest, shoulders, arms and core.				
I can lift, carry, climb stairs and get up from the floor with confidence.				
I progress gradually instead of restarting at extremes.				
Pain, injury or fear has a clear next step rather than a vague avoidance loop.				

CAPACITY SCORE _____ / 15 | BAND _____

READING THE SCORE

The evidence here is unusually settled, which makes this a rare place where more effort reliably returns more function. Starting smaller than ambition suggests tends to be the difference between a habit and a fortnight.

WORTH A CLINICIAN'S ATTENTION

New joint pain that limits daily function, a fracture from a minor fall, or chest symptoms on exertion.

THE CHEAPEST MEANINGFUL MOVE

Two twenty-minute sessions a week using body weight or a single pair of dumbbells. Cost: nothing, or one purchase under $60.

WHAT I NOTICE

03 Nutrition

FOOD ENVIRONMENT AND METABOLIC STEADINESS

WHY THIS ONE MATTERS AT 35+

After 35 the useful question tends to shift from restriction to sufficiency: enough protein, fiber and plants to defend muscle and steady energy through a real week. Environment tends to beat willpower, unglamorously and repeatedly.

ANCHOR

Supplements supplement a diet. They do not replace one (NIH Office of Dietary Supplements).

STATEMENT — ANSWER FROM THE LAST 30 DAYS	0	1	2	3
Most meals include protein, fiber or plants in a way that feels doable.				
My home food setup makes the next reasonable choice the easy one.				
I know which habits are actually affordable and repeatable for me.				
Supplement marketing has not quietly replaced basic nutrition.				
I can adapt how I eat without turning food into a second job.				

CAPACITY SCORE _____ / 15 | BAND _____

READING THE SCORE

A plan that only works in an ideal week is not really a plan. The best version is usually the one your ordinary Tuesday can carry without negotiation.

WORTH A CLINICIAN'S ATTENTION

Unintended weight loss, difficulty swallowing, persistent digestive symptoms, or a history of disordered eating resurfacing.

THE CHEAPEST MEANINGFUL MOVE

Choose two default breakfasts and two default dinners, then shop only for those. Cost: nothing, and it usually lowers the grocery bill.

WHAT I NOTICE

04 Hormonal Transition

PERIMENOPAUSE AND MENOPAUSE INTELLIGENCE

WHY THIS ONE MATTERS AT 35+

Perimenopause can begin years before periods stop, and it often announces itself first as broken sleep, mood volatility or a change in cycle length rather than as hot flashes. Knowing what is common and what deserves review is most of the skill.

> **ANCHOR**
>
> Symptoms and treatment options, including hormone therapy, are weighed with an ob-gyn against your own history, risks and benefits (ACOG).

STATEMENT — ANSWER FROM THE LAST 30 DAYS	0	1	2	3
I track cycle changes, hot flashes, night sweats, mood or libido shifts without panic.				
I can name which symptoms actually affect my life the most.				
I know which questions belong with an ob-gyn or menopause-trained clinician.				
I stay skeptical of hormone, peptide and compounded claims made online.				
I do not read this transition as a personal failure.				

CAPACITY SCORE _____ / 15 | BAND _____

READING THE SCORE

This domain is for noticing and preparing rather than self-diagnosis. A low score here is usually a signal that a conversation is overdue, not that anything has gone wrong.

> **WORTH A CLINICIAN'S ATTENTION**
>
> Bleeding after menopause, very heavy bleeding, bleeding between periods, or symptoms that are disrupting work and relationships.

THE CHEAPEST MEANINGFUL MOVE

Eight weeks of plain symptom logging before any appointment or purchase. It turns a vague complaint into a usable clinical record. Cost: nothing.

WHAT I NOTICE

05 Recovery & Load

REPAIR, AND WHAT YOU ARE CARRYING

WHY THIS ONE MATTERS AT 35+

Load without repair tends to show up as shallow sleep, a blunted training response and a shorter fuse. Work intensity, caregiving and financial pressure are health variables too — leaving them out of an audit is what makes the rest of it feel impossible.

> **ANCHOR**
>
> Recovery is a scheduling decision before it is a technique, and it does not need to be photogenic to work.

STATEMENT — ANSWER FROM THE LAST 30 DAYS	0	1	2	3
I have at least one recovery practice that works on a busy day.				
My calendar contains real decompression, not only collapse.				
I can name the three heaviest demands on me this season.				
Something has been removed, delegated or postponed in the last ninety days.				
Stress symptoms that feel unmanageable are not being handled alone.				

CAPACITY SCORE _____ / 15 | BAND _____

READING THE SCORE

When several other domains score low at once, this one is often the reason. Capacity tends to be the constraint long before information is.

> **WORTH A CLINICIAN'S ATTENTION**
>
> Panic symptoms, persistent low mood, or any thoughts of self-harm. These deserve prompt support rather than patience.

THE CHEAPEST MEANINGFUL MOVE

Ten minutes of slow breathing or a walk without a phone, at the same time each day — and one obligation named and ended this month. Cost: nothing, except the conversation.

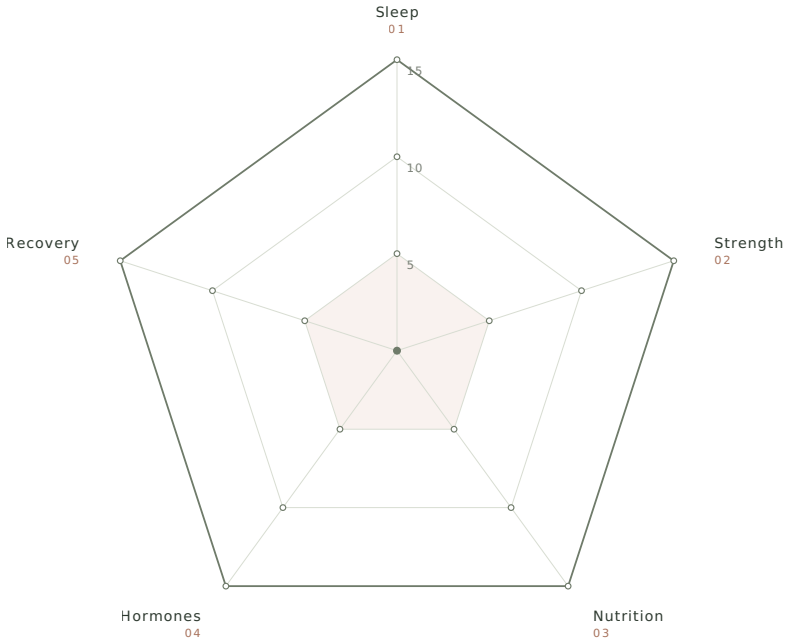
WHAT I NOTICE

Your capacity profile

FIVE NUMBERS, ONE SHAPE

Transfer each score, then mark it on the wheel and join the points. The shape tends to be more informative than the total: a small even shape is a different situation from a large one with a single hollow.

DOMAIN	SCORE / 15	BAND	WHAT STOOD OUT
01 Sleep			
02 Strength & Movement			
03 Nutrition			
04 Hormonal Transition			
05 Recovery & Load			
TOTAL CAPACITY		out of 75	



CAPACITY WHEEL — 0 TO 15 ON EACH AXIS

Where to start

CAPACITY TELLS YOU WHAT IS THIN. LEVERAGE TELLS YOU WHERE TO BEGIN.

A score shows where capacity is low. It does not say where to start, and those are different questions. The missing piece is **leverage** — how much else improves when one domain improves. Sleep and load sit upstream of nearly everything, which is why thin focus resting on thin sleep is rarely a focus problem.

THE SIGNAL MAP — CAPACITY AGAINST LEVERAGE

FOUR QUESTIONS THAT NARROW THE FIELD

- ☐ Which low score is affecting daily life the most?
- ☐ Which one has the clearest first step?
- ☐ Which change would reduce stress rather than add another obligation?
- ☐ Which concern belongs with a healthcare professional before anything is tried?

MY ONE OR TWO PRIORITIES FOR THE NEXT 30 DAYS

WHAT I AM LEAVING ALONE UNTIL THE NEXT AUDIT

THE SINGLE NEXT MOVE — SMALL ENOUGH TO SURVIVE A DIFFICULT WEEK

WHAT COMES NEXT

You now have a shape, and two priorities.

That is a strategy. It is also, quietly, the part of wellness that is hardest to buy — and the reason the next ninety days will matter more than the next purchase.

THE SIGNAL MAP

A 90-Day Capacity & Wellness Decision System for Women 35+. The full instrument this workbook was drawn from.

- Ten domains rather than five — adding cognition, metabolic and cardiovascular signals, connection and purpose, and prevention
- Leverage and friction ratings, so priority stops being guesswork
- The full Signal Map, plotted and interpreted quadrant by quadrant
- Experiment cards — one variable, a real baseline, and a decision rule written before you begin
- An evidence ladder and an annualized cost worksheet
- A 90-day arc and a four-audit tracker, so a snapshot becomes a trend

At **abundantlymari.com**.

OR SIMPLY KEEP READING

The Weekly Signal carries one useful idea, finding, product or question each week — what is supported, what is promising, what is preference, and what is not worth the cost. No affiliate avalanche. No wellness theater.

Selected sources. CDC, Sleep — cdc.gov/sleep/about/index.html · CDC, Physical Activity — cdc.gov/physical-activity-basics/guidelines/adults.html · ACOG, Hormone Therapy for Menopause — acog.org/womens-health/faqs/hormone-therapy-for-menopause · NIH Office of Dietary Supplements — ods.od.nih.gov/factsheets/WYNTK-Consumer/ · CDC, Women and Heart Disease — cdc.gov/heart-disease/about/women-and-heart-disease.html

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Tech for insights. Doctors for decisions. Community for support.