










MENSTRUAL CYCLE CHART

NAME: _____

MONTH: _____

Please fill in the following chart to help monitor your menstrual cycle. Mark "x" in the box if you experience the symptom. Day 1 of your cycle starts on the first day of menstruation.

Day of Cycle	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40		
Date																																										
PHYSICAL SYMPTOMS																																										
Fatigue, tiredness, unmotivated																																										
Diarrhoea, constipation, bloating																																										
Pelvic pain, abdominal pain, back pain																																										
Pimples, breakouts																																										
Increased or decreased appetite, cravings																																										
Headaches or migraines																																										
Hot flushes, night sweats																																										
Breast swelling or breast tenderness																																										
Fluid retention, puffiness																																										
BEHAVIOURAL SYMPTOMS																																										
Depression, low mood																																										
Anxiety, nervous tension																																										
Irritable																																										
Teary, sensitive																																										
Difficulty concentrating, poor memory																																										
Poor sleep, broken sleep, oversleeping																																										
MENSTRUATION																																										
Menstruating days																																										
Menstrual spotting																																										
Pain and cramping																																										
Clotting																																										
MENSTRUAL FLOW																																										
 Light  Moderate  Heavy											 Light  Moderate  Heavy											 Light  Moderate  Heavy																				
MENSTRUAL BLOOD LOSS (indicate below the number of menstrual products used per day and the appropriate menstrual flow)																																										
Tampon/Pad/Menstrual cup	Light																																									
Tampon/Pad/Menstrual cup	Moderate																																									
Tampon/Pad/Menstrual cup	Heavy																																									

Notes