

Menstrual Cycle Symptom Diary

Please fill in this form daily, placing a cross in the box for each symptom experienced that day.

Name: _____

Date of Birth: _____

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:																																										
mood and brain																																										
Depression, feeling down																																										
Anxious, nervous, worrying																																										
Mood swings - irritable, teary, easily upset																																										
Difficulty concentrating, poor memory																																										
Poor sleep, broken sleep, insomnia, oversleeping																																										
physical																																										
Fatigue, tiredness, lack of motivation																																										
Digestive upset, diarrhoea, constipation, bloating																																										
Abdominal pain, back pain																																										
Skin changes, rashes, pimples																																										
Increased or decreased appetite, overeating, cravings																																										
Headaches																																										
Hot flushes, night sweats																																										
Breast swelling/tenderness/pain																																										
Fluid retention																																										
Note: Take saliva/urine samples today																																										
menses																																										
Bleeding																																										
Pain, cramping																																										
Sensation of dragging, heaviness in the pelvis																																										
Presence of clots																																										
Mark down the number of pads or tampons used daily next																																										
Pads																																										
Tampons																																										
Please note any change in circumstances: Stressful events, changes in health, medications, any other symptoms (note with date of occurrence)																																										