

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)																																												