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 occurence)