

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

BASAL BODY TEMPERATURE TRACKER

NAME:

Using a digital thermometer take your temperature under the tongue on waking, before getting out of bed. Record your temperature in the chart below by marking “x” in the box, or in your smart phone and add the results into the chart later. Record your temperature for **each day of the month**, preferably at the same time of day.

[illegible]

Return this tracker to your practitioner at your next appointment.