Menstrual Health Chart

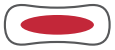
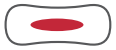
Name: _____ Month: _____

Please fill in the following chart with your experience of your monthly menstrual cycle. 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																																									
Mood, Cognition, Sleep																																								
Depression, feeling down																																								
Anxiety, nervous tension																																								
Mood swings - irritable and stressed																																								
Weepy, teary, sensitive																																								
Difficulty concentrating, poor memory																																								
Poor sleep, broken sleep, insomnia, oversleeping																																								
General Symptoms																																								
Fatigue, tiredness, lack of motivation																																								
Digestive upset, diarrhoea, constipation, bloating																																								
Pelvic pain, abdominal pain, back pain																																								
Skin changes, rashes, pimples																																								
Increased or decreased appetite, cravings																																								
Headaches or migraines																																								
Hot flushes, night sweats																																								
Breast swelling or breast tenderness																																								
Fluid retention																																								
Menses Quality (tick or score boxes where appropriate)																																								
Menstruating days																																								
Menstrual spotting (note colour in notes section)																																								
Pain and cramping (score out of 10, 10 is severe)																																								
Heavy, dragging sensation in the pelvis																																								

Menstrual Flow

Indicate number of menstrual products used daily. Count each fully soaked pad or tampon as 1, count half soaked pads or tampons as 0.5, count quarter soaked pads or tampons as 0.25.

Fully soaked pad  Half soaked pad  Quarter soaked pad  Fully soaked tampon  Half soaked tampon  Quarter soaked tampon 

Menstrual Blood Loss																		Multiply the number of menstrual products by the relevant mL to get your total.	
Regular pad (holds 5mL)																		Total mL:	
Regular tampon (holds 5mL)																		Total mL:	
Super tampon (holds 10mL)																		Total mL:	
Menstrual Cup (holds 30mL)																		Total mL:	

Range of Menstrual Loss (in total each period)

Light menstrual bleed	<25mL
Normal menstrual bleed	≈ 50mL
Heavy menstrual bleed	>80mL

Notes: Please note any change in circumstances: stressful events, changes in health, medications, any other symptoms indicated above (with date of occurrence).

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