

Menstrual Cycle Symptom Calendar

Month: _____

Name: _____

Instructions: Please fill in this form daily, placing an **X** in the box for each symptom experienced that day.

Please place the crosses in the column relating to that date of the month.

Date of Birth: _____

e.g. Symptoms occurring on the 3rd of March should appear in column 3; 7th of March in column 7 etc.

Please fill in your calendar at the same time each day.

Calendar Date	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	
Physical																																
Hot Flashes, night sweats																																
Breast swelling/tenderness/pain																																
Fluid retention																																
Fatigue, tiredness, lack of motivation																																
Digestive upset, diarrhoea, constipation, bloating																																
Abdominal pain, back pain																																
Skin changes, rashes, pimples																																
Increased appetite, overeating, cravings																																
Headaches																																
Mood																																
Depression, feeling down																																
Anxious, nervous, worrying																																
Mood swings - irritable, teary, easily upset																																
Difficulty concentrating, poor memory																																
Poor sleep, broken sleep, insomnia																																
Period Symptoms (If Relevant)																																
Spotting																																
Bleeding																																
Pain, cramping																																
Sensation of dragging, heaviness in the pelvis																																
Please note any change in dose of BHRT taken.																																

i.e. E1/4↑= Increased Oestrogen by 1/4 troche/ml cream - P1/4↓= Decrease Progesterone by 1/4 troche/ml cream.

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