

Daily Perimenopause Diary

Name: _____ Month: _____ Year: _____

Cycle Day	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	
Date																																
Tampons/pads/day																																

Record 0 = none, 1 = minimal, 2 = moderate, 3 = moderately intense, 4 = very intense

Amount flow																														
Cramps																														
Breast Sore: Side																														
Breast Sore: Front																														
Fluid Retention																														
Hot flushes - day																														
# of flushes - day																														
Hot flushes - night																														
# of flushes - night																														
Mucous Secretion																														
Constipation																														
Headache																														
Sleep Problems																														
Feeling Frustrated																														
Feeling Depressed																														
Feeling Anxious																														

Record M = much less, L = a little less, U = usual, Y = a little increased, Z = much increased

Appetite																														
Breast Size																														
Interest In Sex																														
Feeling Of Energy																														
Feeling Of Self-Worth																														
Outside Stresses																														
Treatment or Supplement																														
Basal Temperature																														
Comments (Temperature Taken Late, Feeling Sick, Poor Sleep, Etc.)																														