# 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**
- **Basal Temperature**

**Comments (Temperature Taken Late, Feeling Sick, Poor Sleep, Etc.)**

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