## **Menstrual Cycle 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   | 1 0   | = n    | on   | e, 1 | = 1 | nin | im  | al, | 2 =  | mo  | de  | rate | e, 3 | = r   | noc        | ler   | ate   | ly in | nte | nse, | , 4 :      | = <b>v</b> | ery | int | ens | se  |    |    |    |    |    |
| Amount Flow  |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |
| Cramps   |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |
| Breast Sore: Front   |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |
| Breast Sore: Side  |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |
| Fluid Retention  |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |
| Mucous secretions  |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |
| Constipation   |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |
| Headache   |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |
| Sleep Problems   |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |
| Feeling Frustrated   |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |
| Feeling Depressed  |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |
| Feeling Anxious  |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |
| Record M   | [ = 1 | mu     | ch l | less | , L | = a | lit | tle | less | , U | = 1 | usu  | al,  | Y =   | <b>a</b> ] | littl | le iı | ncr   | eas | ed,  | <b>Z</b> = | m          | ucł | in  | cre | ase | ed |    |    |    |    |
| 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) |       |        |      |      |     |     |     |     |      |     |     |      |      |       |            |       |       |       |     |      |            |            |     |     |     |     |    |    |    |    |    |

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