

# 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 (normal size-soaked/day)																																
Menstrual Cup Flow 1*																																
Menstrual Cup Flow 2*																																

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

Amount Flow																															
Cramps																															
Breast Sore: Front																															
Breast Sore: Side																															
Fluid Retention																															
Hot flushes - day																															
# of flushes - day																															
Hot flushes - night																															
# of flushes - night																															
Mucus secretions																															
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																															
Treatment or Supplement																															
Basal Temperature																															
Comments (temperature taken late, feeling sick, poor sleep, etc.)																															

\*Menstrual Cup Flow: Please record flow (ml) whenever you empty your cup. Use the scoring outlined below (ie. flow between 7.5 and 15ml = C)

**Flow Scoring Choices**



0	A	B	C	D	E	F
0ml	0 – 7.5ml	7.5ml	7.5 – 15ml	15ml	15 – 30ml	30ml

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