

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

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 = 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)																															