










MENSTRUAL CYCLE CHART

NAME:

MONTH:

Please fill in the following chart to help monitor your menstrual cycle. Mark “x” in the box if you experience the symptom. Day 1 of your cycle starts on the first day of menstruation.

| Day of Cycle | 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 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
|--|--|---|---|--|---|---|--|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHYSICAL SYMPTOMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fatigue, tiredness, unmotivated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diarrhoea, constipation, bloating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pelvic pain, abdominal pain, back pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pimples, breakouts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Increased or decreased appetite, cravings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Headaches or migraines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hot flushes, night sweats | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breast swelling or breast tenderness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fluid retention, puffiness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BEHAVIOURAL SYMPTOMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Depression, low mood | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anxiety, nervous tension | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Irritable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Teary, sensitive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Difficulty concentrating, poor memory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Poor sleep, broken sleep, oversleeping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MENSTRUATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Menstruating days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Menstrual spotting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pain and cramping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clotting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MENSTRUAL FLOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  Light |  Moderate |  Heavy |  Light |  Moderate |  Heavy |  Light |  Moderate |  Heavy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MENSTRUAL BLOOD LOSS (indicate below the number of menstrual products used per day and the appropriate menstrual flow) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tampon/Pad/Menstrual cup | Light | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tampon/Pad/Menstrual cup | Moderate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tampon/Pad/Menstrual cup | Heavy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Notes

BASAL BODY TEMPERATURE TRACKER

NAME:

Using a digital thermometer take your temperature under the tongue on waking, before getting out of bed. Record your temperature in the chart below by marking “x” in the box, or in your smart phone and add the results into the chart later. Record your temperature for **each day of the month**, preferably at the same time of day.

[illegible]

Return this tracker to your practitioner at your next appointment.