

# Menstrual Cycle Symptom Calendar

Start Date:

Instructions: Place a cross (X) in the box for each symptom experienced that day.

Name:

Date of Birth:

Day 1 will be the first day you start to use the calendar. Please fill in your calendar at the same time each day.

CALENDAR DATE	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
Daily Weight (kg)																															
Please measure your daily weight first thing in the morning before breakfast.																															
SYMPTOMS																															
Spotting																															
Bleeding																															
Headache																															
Breast tenderness																															
Bloating																															
Acne																															
Hot flushes/night sweats																															
Personal symptom:																															
Your <i>Personal symptom</i> is a symptom that occurs / used to occur at the onset of or during a bleed.																															
Please note any change in dose of BHRT taken																															
E.g. E1/4↑= Increased Oestrogen by 1/4 troche/ml cream - P1/4↓= Decrease Progesterone by 1/4 troche/ml cream.																															
Other relevant information:																															