

PMS Symptom Tracker & Relief Log

Luteal Phase Workshop Resource

Understanding Your PMS Patterns

Use this tracker to:

- Identify your unique PMS patterns
 - Test which relief strategies work best for your body
 - Build confidence in managing symptoms
 - Prepare better for challenging cycles
-

Pre-Tracking Assessment

Your Current PMS Experience:

How would you rate your typical PMS? (1-10 scale)

- Bloating severity: ____
- Emotional symptoms: ____
- Physical discomfort: ____
- Impact on daily life: ____

Most challenging PMS symptoms for you:

- ☐ Bloating/digestive issues
- ☐ Mood changes/irritability
- ☐ Fatigue/low energy
- ☐ Food cravings
- ☐ Breast tenderness
- ☐ Sleep disruption
- ☐ Anxiety/emotional sensitivity
- ☐ Physical pain/cramping

What you've tried before:

- ☐ Pain medications

- ☐ Dietary changes
 - ☐ Exercise modifications
 - ☐ Stress management
 - ☐ Supplements
 - ☐ Nothing specific
 - ☐ Other: _____
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Daily PMS Tracking

Day 1 | Cycle Day: _____ | Date: _____

PMS Symptom Severity (1-5 scale, 1=none, 5=severe):

- Bloating: 1 - 2 - 3 - 4 - 5
- Mood changes: 1 - 2 - 3 - 4 - 5
- Energy level: 1 - 2 - 3 - 4 - 5
- Food cravings: 1 - 2 - 3 - 4 - 5
- Sleep quality: 1 - 2 - 3 - 4 - 5

Most challenging symptom today: _____

Bloating Details:

- Worst time of day: Morning / Afternoon / Evening / All day
- Location: Upper belly / Lower belly / All over / Sides
- Triggers noticed: _____

What I ate today:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water intake: _____ glasses

Movement/Activity:

- ☐ Gentle walk (_____ minutes)
- ☐ Yoga/stretching (_____ minutes)
- ☐ Other exercise: _____
- ☐ Rest day

Relief Strategies Tried:

- ☐ Heat therapy (heating pad/bath)
- ☐ Breathing exercises
- ☐ Comfort Protocol
- ☐ Herbal tea: _____
- ☐ Massage (self or professional)
- ☐ Essential oils
- ☐ Medication: _____
- ☐ Other: _____

What Helped (rate effectiveness 1-5):

- Strategy: _____ Rating: _____
- Strategy: _____ Rating: _____
- Strategy: _____ Rating: _____

What Didn't Help:

Mood/Energy Notes:

Tomorrow I want to try:

Day 2 | Cycle Day: _____ | Date: _____

PMS Symptom Severity (1-5 scale, 1=none, 5=severe):

- Bloating: 1 - 2 - 3 - 4 - 5
- Mood changes: 1 - 2 - 3 - 4 - 5
- Energy level: 1 - 2 - 3 - 4 - 5
- Food cravings: 1 - 2 - 3 - 4 - 5
- Sleep quality: 1 - 2 - 3 - 4 - 5

Most challenging symptom today: _____

Bloating Details:

- Worst time of day: Morning / Afternoon / Evening / All day
- Location: Upper belly / Lower belly / All over / Sides
- Triggers noticed: _____

What I ate today:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water intake: _____ glasses

Movement/Activity:☐ Gentle walk (____ minutes)☐ Yoga/stretching (____ minutes)☐ Other exercise: _____☐ Rest day**Relief Strategies Tried:**☐ Heat therapy (heating pad/bath)☐ Breathing exercises☐ Comfort Protocol☐ Herbal tea: _____☐ Massage (self or professional)☐ Essential oils☐ Medication: _____☐ Other: _____**What Helped (rate effectiveness 1-5):**

Strategy: _____ Rating: _____

Strategy: _____ Rating: _____

Strategy: _____ Rating: _____

What Didn't Help:

Mood/Energy Notes:

Tomorrow I want to try:

Day 3 | Cycle Day: _____ | Date: _____

PMS Symptom Severity (1-5 scale, 1=none, 5=severe):

- Bloating: 1 - 2 - 3 - 4 - 5
- Mood changes: 1 - 2 - 3 - 4 - 5
- Energy level: 1 - 2 - 3 - 4 - 5
- Food cravings: 1 - 2 - 3 - 4 - 5
- Sleep quality: 1 - 2 - 3 - 4 - 5

Most challenging symptom today: _____

Bloating Details:

- Worst time of day: Morning / Afternoon / Evening / All day
- Location: Upper belly / Lower belly / All over / Sides
- Triggers noticed: _____

What I ate today:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water intake: _____ glasses

Movement/Activity:

- ☐ Gentle walk (____ minutes)
- ☐ Yoga/stretching (____ minutes)
- ☐ Other exercise: _____
- ☐ Rest day

Relief Strategies Tried:

- ☐ Heat therapy (heating pad/bath)
- ☐ Breathing exercises
- ☐ Comfort Protocol
- ☐ Herbal tea: _____
- ☐ Massage (self or professional)
- ☐ Essential oils
- ☐ Medication: _____
- ☐ Other: _____

What Helped (rate effectiveness 1-5):

Strategy: _____ Rating: _____

Strategy: _____ Rating: _____

Strategy: _____ Rating: _____

What Didn't Help:

Mood/Energy Notes:

Tomorrow I want to try:

Day 4 | Cycle Day: _____ | Date: _____

PMS Symptom Severity (1-5 scale, 1=none, 5=severe):

- Bloating: 1 - 2 - 3 - 4 - 5
- Mood changes: 1 - 2 - 3 - 4 - 5
- Energy level: 1 - 2 - 3 - 4 - 5
- Food cravings: 1 - 2 - 3 - 4 - 5
- Sleep quality: 1 - 2 - 3 - 4 - 5

Most challenging symptom today: _____

Bloating Details:

- Worst time of day: Morning / Afternoon / Evening / All day
- Location: Upper belly / Lower belly / All over / Sides
- Triggers noticed: _____

What I ate today:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water intake: _____ glasses

Movement/Activity:

- ☐ Gentle walk (_____ minutes)
- ☐ Yoga/stretching (_____ minutes)
- ☐ Other exercise: _____
- ☐ Rest day

Relief Strategies Tried:

- ☐ Heat therapy (heating pad/bath)
- ☐ Breathing exercises
- ☐ Comfort Protocol
- ☐ Herbal tea: _____
- ☐ Massage (self or professional)
- ☐ Essential oils
- ☐ Medication: _____
- ☐ Other: _____

What Helped (rate effectiveness 1-5):

- Strategy: _____ Rating: _____
- Strategy: _____ Rating: _____
- Strategy: _____ Rating: _____

What Didn't Help:

Mood/Energy Notes:

Tomorrow I want to try:

Day 5 | Cycle Day: _____ | Date: _____

PMS Symptom Severity (1-5 scale, 1=none, 5=severe):

- Bloating: 1 - 2 - 3 - 4 - 5
- Mood changes: 1 - 2 - 3 - 4 - 5
- Energy level: 1 - 2 - 3 - 4 - 5
- Food cravings: 1 - 2 - 3 - 4 - 5
- Sleep quality: 1 - 2 - 3 - 4 - 5

Most challenging symptom today: _____

Bloating Details:

- Worst time of day: Morning / Afternoon / Evening / All day
- Location: Upper belly / Lower belly / All over / Sides
- Triggers noticed: _____

What I ate today:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water intake: _____ glasses

Movement/Activity:☐ Gentle walk (____ minutes)☐ Yoga/stretching (____ minutes)☐ Other exercise: _____☐ Rest day**Relief Strategies Tried:**☐ Heat therapy (heating pad/bath)☐ Breathing exercises☐ Comfort Protocol☐ Herbal tea: _____☐ Massage (self or professional)☐ Essential oils☐ Medication: _____☐ Other: _____**What Helped (rate effectiveness 1-5):**

Strategy: _____ Rating: _____

Strategy: _____ Rating: _____

Strategy: _____ Rating: _____

What Didn't Help:

Mood/Energy Notes:

Tomorrow I want to try:

Weekly PMS Pattern Analysis

Symptom Patterns I've Noticed:

My worst PMS days are typically cycle days: _____

Time of day symptoms are worst:

☐ Morning ☐ Afternoon ☐ Evening ☐ Varies daily

Bloating triggers I've identified:

☐ Certain foods: _____

☐ Stress levels

☐ Sleep quality

☐ Dehydration

☐ Irregular eating

☐ Other: _____

Most Effective Relief Strategies:

Top 3 strategies that consistently help:

1. _____ (avg rating: **/5**)

2. _____ (avg rating: **/5**)

3. _____ (avg rating: ____/5)

Strategies that didn't work for me:

Mood & Energy Insights:

Emotional patterns I'm noticing:

Energy patterns I'm noticing:

What helps my mood most during PMS:

Relief Strategy Deep Dive

Food & Nutrition:

Foods that seem to help:

Foods that seem to make symptoms worse:

Eating patterns that help:

- ☐ Smaller, frequent meals
- ☐ Regular meal timing
- ☐ Staying hydrated
- ☐ Limiting certain foods
- ☐ Other: _____

Movement & Physical Relief:

Types of movement that help:

When movement helps most:

When I need to rest instead:

Emotional Support & Self-Care:

What emotional support helps most:

Self-care activities that consistently help:

Boundaries I need during PMS:

Monthly PMS Review

Overall Progress:

How would you rate this PMS cycle compared to before tracking? (1-10)

- Symptom management: _____

- Self-compassion during difficult days: _____
- Confidence in handling symptoms: _____
- Understanding of personal patterns: _____

Biggest Insights:

What surprised me most about my PMS patterns:

The most valuable thing I learned:

Goals for Next Cycle:

Relief strategies I want to try next month:

How I want to prepare differently:

Support I want to build:

Celebrating Progress:

What I'm most proud of from this tracking period:

How my relationship with PMS has changed:

Quick Reference: My PMS Toolkit

Emergency Comfort Kit:

- ☐ _____
- ☐ _____
- ☐ _____

Go-To Relief Strategies:

1.

2.

3.



Warning Signs to Watch For:


- ☐ _____
- ☐ _____
- ☐ _____

Support People:

-
-
-

Remember: Your PMS experience is unique to you. This tracking helps you become the expert on your own body and build confidence in managing symptoms with compassion.

 **Questions?** support@yourfitnature.com |  **Share insights:** [Private Community]

 **Note:** If symptoms are severe or significantly impacting your life, please consult with a healthcare provider.