

Period Tracker

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				

MONTH:
YEAR:
MEDICATIONS:

PERIOD WAS	
<input type="radio"/> ON TIME	<input type="radio"/> HEAVY
<input type="radio"/> EARLY	<input type="radio"/> MEDIUM
<input type="radio"/> LATE	<input type="radio"/> LIGHT

I'M FEELING	
<input type="radio"/> HAPPY	<input type="radio"/> ANNOYED
<input type="radio"/> SAD	<input type="radio"/> TIRED
<input type="radio"/> ANGRY	<input type="radio"/> SCARED

ANY SYMPTOMS?	
<input type="radio"/> CRAMPS	<input type="radio"/> FATIGUE
<input type="radio"/> SORE BREAST	<input type="radio"/> ACNE
<input type="radio"/> HEADACHE	<input type="radio"/> CRAVINGS

CYCLE LENGTH	
JAN	JUL
FEB	AUG
MAR	SEP
APR	OCT
MAY	NOV
JUN	DEC

NEXT PERIOD IS EXPECTED ON

DAY SINCE LAST PERIOD

NOTES
