

Figure 1: Menstrual Symptoms Chart

List the symptoms you have in the left column. Circle the dates of your menstrual period.

Fill in the boxes on the days your symptoms occur. Indicate severity by filling in the boxes as shown: Mild ◻ Moderate ◻ Severe ■

Month: _____

Symptoms	Day of the month																																
	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	27	29	30	31		

Month: _____

Symptoms	Day of the month																																
	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	27	29	30	31		

Month: _____

Symptoms	Day of the month																																
	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	27	29	30	31		