

Menstrual Chart

Patient Name: _____

Date: _____

**Length of cycle (days or months): _____

***Duration of menses (bleeding / number of days): _____

RECORD ACTIVITY DURING MENSTRUAL CYCLE – Include additional signs or symptoms throughout the month in the ‘Additional Comments’ section below

	Premenstrual Activity	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Post Menstrual Activity
Headache (Y/N) Pain location / (1-10)*											
Menstrual Pain (Y/N) (1 – 10)*											
Bloating (Y/N)											
Cravings (Y/N) / Type											
Clot (Y/N) / Size											
Spotting (Y/N)											
Pad Changes per day											
Breast Tenderness (Y/N) Location / (1-10)*											
Menstrual Color											
Menstrual Flow (light, medium, heavy)											
Weight Gain (Y/N)											
Feelings/Emotions											

* pain scale – 1-3 – mild pain / still able to function; 4-6 – strong pain / ability to function has diminished; 7-9 – extreme pain / unable to function; 10 – worse pain ever experienced

** length of cycle – 1 cycle = begins 1st day of menstrual period and ends 1st day of the next menstrual period

*** duration of menses – count the days of menstrual bleeding (period) when a flow is established and exclude days of spotting before and after period

Note: If bleeding causes the changing of more than 1 pad per hour – contact your doctor right away.

Additional Comments:
