Menstrual Cycle Symptom Diary	Menstrual	Cycle	Symptom	Diary
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Please fill in this form daily, placing a cross in the box for each symptom experienced that day.

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Da	te	of	Birth:			

Day of cycle 1 2 3 4 5 6 6 7 8 8 9 10 1 1 1 2 3 4 1 5 6 7 8 8 9 10 1 1 1 2 1 3 1 4 1 5 1 6 1 7 1 8 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mood swings - inritable, teary, easily upset 1
Depression, feeling down Anxious, nervous, worrying Mood swings - irritable, teary, easily upset Difficulty concentrating, poor memory DIFICULTY CONCENTRATION OF THE MINISTRATION OF THE MINIST
Anxious, nervous, worrying Mood swings - irritable, teary, easily upset Difficulty concentrating, poor memory Poor sleep, broken sleep, insomnia, oversleeping Difficulty concentration Particulty concentration Poor sleep, broken sleep, insomnia, oversleeping Difficulty concentration Poor sleep, broken sleep, insomnia, oversleeping Difficulty concentration Digestive upset, diarrhoea, constitution Digestive upset, diarrhoea, constitution Digestive upset, diarrhoea, constitution Skin changes, rashes, pimples Increased or decreased appetite, overeating, cravings Headaches
Mood swings - irritable, teary, easily upset
Difficulty concentrating, poor memory Poor sleep, broken sleep, insomnia, oversleeping Poor sleep,
Poor sleep, broken sleep, insomnia, oversleeping
physical Fatigue, tiredness, lack of motivation Image: constitution of the con
Fatigue, tiredness, lack of motivation Digestive upset, diarrhoea, constipation, bloating Abdominal pain, back pain Skin changes, rashes, pimples Increased or decreased appetite, overeating, cravings Headaches
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Skin changes, rashes, pimples Increased or decreased appetite, overeating, cravings Headaches
Increased or decreased appetite, overeating, cravings Headaches
Headaches Headaches
Hot flushes night sweats
Breast swelling/tenderness/pain
Fluid retention
Note: Take saliva/urine samples today
menses
Bleeding Bleeding
Pain, cramping
Sensation of dragging, heaviness in the pelvis
Presence of clots
Mark down the number of pads or tampons used daily next
Pads Pads
Tampons
Please note any change in circumstances: Stressful events, changes in health, medications, any other symptoms (note with date of occurence)