

Calendar of premenstrual experiences

Name _____ Month/Year _____ Age _____ Unit# _____

Begin your calendar on the first day of your menstrual cycle. Enter the calendar date below the cycle day.

Day 1 is your first day of bleeding.

Shade the box above the cycle day if you have bleeding ☐

Put an X for spotting ☒

If more than one symptom is listed in a category, ie, nausea, diarrhea, constipation, you do not need to experience all of these. Rate the most disturbing of the symptoms on the 1-3 scale.

Weight: weigh yourself before breakfast. Record weight in the box below date.

Symptoms: Indicate the severity of your symptoms by using the scale below.

Rate each symptom at about the same time each evening.

0: None present (symptom not present) 1: Mild (noticeable but not troublesome)

2: Moderate (interferes with normal activities) 3: Severe (intolerable, unable to perform normal activities)

Other Symptoms: If there are other symptoms you experience, list and indicate severity.

Medications: List any medications taken. Put an X on the corresponding day(s).

Bleeding	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
Cycle day																														
Date																														
Weight																														
Symptoms																														
Acne																														
Bloatedness																														
Breast tenderness																														
Dizziness																														
Fatigue																														
Headache																														
Hot flashes																														
Nausea, diarrhea, constipation																														
Palpitations																														
Swelling (hands, ankles, breast)																														
Angry outbursts, arguments, violent tendencies)																														
Anxiety, tension, nervousness																														
Confusion, difficulty concentrating																														
Crying easily																														
Depression																														
Food cravings (sweets, salts)																														
Forgetfulness																														
Irritability																														
Increased appetite																														
Mood swings																														
Overly sensitive																														
Wish to be alone																														
Other symptoms																														
1.																														
2.																														
Medications																														
1.																														
2.																														

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