Bettii

Period & Symptom Diary

Month:

Note any symptoms throughout your cycle. Number your symptoms from 1 (OK) to 5 (very bad)

Medications, products used, diet changes, sleep, stress etc.

	Day	EX.	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
BLOOD FLOW	Light																																
	Medium																																
	Heavy	X																															
	Blood clots	X																															
SYMPTOMS	Period cramps																																
	Back pain																																
	Joint pain																																
	Pain when pooing																																
	Diarrhoea	5																															
	Constipation																																
	Bloating	2																															
	Pain when weeing																																
	Bladder problems																																
	Pain during or after sex (D/A)	A																															
	Nausea																																
	Headaches																																
	Fatigue																																
	Breast tenderness																																
	Acne																																
	Mood swings	4																															
	Anxiety																																
	Low mood																																