SAMPLE CHART

Month **Date**	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
SYMPTOMS																															
Menstruation																															
Heavy or Irregular Periods																															
Fatigue/Lack of Energy																															
Breast Swelling/Tenderness																															
Breast Cysts/Lumps																															
Weight Gain																															
Fluid Retention																															
Premenstrual Mood Swings (PMS)																															
Bloating/Water Retention																															
Difused Body Aches & Pains																															
Headaches / Migraines																															
Sleep Distrubances																															
Night Sweats																															
Hot Flushes																															
Cravings for Sweets (Chocolate)																															
Cold Hands & Feet																															
Confusion / Disorientation																															
Irritability or Agression																															
Alienation / Social Withdrawal																															
Guilt / Low Self Esteem																															
Depression and/or Teary																															
Indigestion / Heartburn																															
Gastrointestinal Disorders																															
Anxious and/or Panic Attacks																															
Vertigo																															
Skin Problems (Creepy Crawley)																															
Loss of Labido																															
Endometriosis and/or Pelvic Pain																															
Fibroids																															
Bladder Problems																															
Thrush																															
Sinusitis																															
Acne																															
Other																															
Progesterone Dosage																															
Other (Vitamins, Minerals, etc)																															
Medications																															

SAMPLE CHART

Month Date	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
SYMPTOMS																															