



Name: \_\_\_\_\_

Year: \_\_\_\_\_

	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
January																															
February																															
March																															
April																															
May																															
June																															
July																															
August																															
September																															
October																															
November																															
December																															

**\*\*Note: Please write "Start" on the day you start a birth control pack, and "Stop" on the last day of pack, including any hormone replacement therapy\*\***

<b>Menstrual Flow</b>	Very Heavy: ●	Normal: ⊗	Light: ◐	Spotting: ◑
<b>Menstrual Cramps</b>	Mild: C-1	Moderate: C-2	Severe: C-3	
<b>Pelvic Pain</b>	Mild: P-1	Moderate: P-2	Severe: P-3	
<b>Headaches</b>	Mild: H-1	Moderate: H-2	Severe: H-3	

**Level 1-** Mild; no Medication  
**Level 2-** Moderate; requiring Medication  
**Level 3-** Severe Pain; requiring Medication and Bedrest