

# Menstrual Cycle Calendar



## INSTRUCTIONS FOR COMPLETING A MENSTRUAL CYCLE CALENDAR

1. **On the first day of menstruation prepare the calendar:** Considering the first day of bleeding as day 1 of your menstrual cycle enter the corresponding calendar date for each day in the space provided below

2. **Each Morning:** Take weight after emptying bladder and before breakfast Record WEIGHT CHANGE from baseline

3. **Each Evening:** At about the same time complete the column for that day as described below

**BLEEDING:** Indicate if you have had bleeding by shading the box above that days date; for spotting use an "X".

**SYMPTOMS:** If you do not experience any symptoms leave the corresponding square blank if present indicate severity

**MILD:** 1 (noticeable but not troublesome)

**MODERATE:** 2 (interferes with normal activity)

**SEVERE:** 3 (temporarily incapacitating)

**LIFESTYLE IMPACT:** If the listed phrase applies to you that day enter an "X".

**LIFE EVENTS:** If you experienced one of these events that day enter an "X".

**Experiences.** For positive (happy) or negative (sad or disappointing) experiences unrelated to your symptoms specify the nature of the events on the reverse side of this form

**Social Activities** imply events such as a special dinner, show or party etc. involving family or friends

**Vigorous Exercise** implies participation in a sporting event or exercise program lasting more than 30 minutes

**MEDICATION:** In the bottom 3 rows list medications if any and indicate days when taken by entering an "X".

*continued >*

BALTIMORE  
341 N. Calvert Street  
Suite 201  
Baltimore, Maryland 21202

BALTIMORE WEST  
7001 Johnnycake Road  
Suite 105  
Windsor Mill, Maryland 21244

BALTIMORE EAST  
3601 O'Donnell Street  
Suite 150  
Baltimore, Maryland 21224

CONTACT  
office: 410-633-6300  
fax: 410-633-6736  
web: hoffmanobgyn.com