

Menstrual Cycle Diary / BBT Chart

Patient Name: _____ Age: _____

Date: from ____ / ____ / ____ to ____ / ____ / ____

- Menstrual Flow 1: Light 2: Moderate 3: Heavy 4: Clots
 Grading of Symptoms 1: Mild - present but does not interfere with activities 2: Moderate - present and interferes with activities but not disabling 3: Severe - disabling, unable to function
 Cervical Mucus Consistency D: Dry M- : Thin Mucus M: Moderate Mucus M+ : Thick Mucus P: Pasty
 Cervical Mucus Color C: Clear W: White Y: Yellow G: Green D: Cloudy Cervical Mucus Smell N: Normal / Odorless F: Foul odor

Day of Cycle	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	32	33	34	35	36	37	38	39	40		
Date																																										
Day of Week																																										
Menses																																										

PMS Symptoms

MENTAL / EMOTIONAL	Nervous Tension																																											
	Mood swings																																											
	Irritability																																											
	Anxiety																																											
	Depression																																											
	Forgetfulness																																											
	Crying																																											
	Confusion																																											
	Insomnia																																											

PHYSICAL	Headache																																										
	Craving for Sweets																																										
	Increased Appetite																																										
	Heart Palpitations																																										
	Fatigue																																										
	Dizziness / Faintness																																										
	Swelling of Extremities																																										
	Breast distention / Pain																																										
	Abdominal distention																																										
	Diarrhea																																										
Constipation																																											

Menstrual Pain																																											
Abdominal Pain																																											
Low Back Pain																																											
General Aches / Pain																																											

Basal Body Temp.

Temperature																																											
Time																																											

Cervical Mucus

Consistency																																											
Color																																											
Smell																																											

Intercourse																																											
-------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Notes: (List any changes to your routine)