

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																																										
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Notes: (List any changes to your routine)