



## Period Pain Tracker

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Time of pain	AM PM	AM PM	AM PM	AM PM	AM PM
Duration of pain					

Pre Menstruation Symptoms					
1st symptom noticed date					
Type of symptom					
Severity of symptom Scale of 1 to 10 1=mild 10=severe					
Did the symptom get worse or ease. What day did this happen?					
Headache Severity of headache Scale 1 to 10					
Nausea					
Vomiting					
Sensitivity to light, Sound or smell					
Loss of appetite					
Visual problems					
Did you take any medication? Name & dose?					

Other:



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Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Time of pain	AM PM	AM PM	AM PM	AM PM	AM PM
Duration of pain					
<b>Menstruation</b>					
Date menstrual bleeding started					
Date menstrual bleeding stopped					
Severity of bleeding Scale of 1 to 10 1=mild 10=severe					
Abdominal pain severity Scale of 1 to 10 1=mild 10=severe					
Did the abdominal pain get better or worse through the bleeding?					
<b>Medication</b>					
If you are taking a birth control pill which one are you taking?					
If you using any other form of birth control, please state this here.					
Are you taking any other medication? Please state this here with the dose.					
Other e.g. <ul style="list-style-type: none"><li>Hot water bottle</li><li>Hot bath</li><li>Light exercise</li></ul>					

Additional notes: