Menstrual Cycle Tracker

Year:

Each month, mark the dates you had your period (the days you had blood flow).

Month	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																															

Symptom Tracker

Mark what type of flow you had. If you had any symptoms with your period, put an X in the box below that symptom.

	Flow								
Month	Light	Normal	Heavy	Acne	Bloating	Cramps	Headaches	Mood swings	Concerns
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									

© 2022 Seattle Children's, Seattle, Washington. All rights reserved.