My Monthly Cycles

TRAVELLING CYCLES NOTEPAD

DATE	MENSES	SBE	SPOTTING	WGT	SYMPTOMS			XFR
	__Spotting __Light __Medium __Heavy	__Sitting __Standing __Lying Down	__Yes		___ Acne ___Bloating ___Cramps ___Diarrhea ___Headached ___Moody ___Ovarian Pain ___Water Retention	___Anxiety ___Breast Swelling ___Constipation ___Fatigue ___Irritability ___Muscle Pain ___Sadness ___Weight Gain	___Backache ___Breast Tenderness ___Decr.Concentration ___Food Cravings ___Joint Pain ___Nausea ___Tension	
Notes:								
	__Spotting __Light __Medium __Heavy	__Sitting __Standing __Lying Down	__Yes		___ Acne ___Bloating ___Cramps ___Diarrhea ___Headached ___Moody ___Ovarian Pain ___Water Retention	___Anxiety ___Breast Swelling ___Constipation ___Fatigue ___Irritability ___Muscle Pain ___Sadness ___Weight Gain	___Backache ___Breast Tenderness ___Decr.Concentration ___Food Cravings ___Joint Pain ___Nausea ___Tension	
Notes:								
	__Spotting __Light __Medium __Heavy	__Sitting __Standing __Lying Down	__Yes		___ Acne ___Bloating ___Cramps ___Diarrhea ___Headached ___Moody ___Ovarian Pain ___Water Retention	___Anxiety ___Breast Swelling ___Constipation ___Fatigue ___Irritability ___Muscle Pain ___Sadness ___Weight Gain	___Backache ___Breast Tenderness ___Decr.Concentration ___Food Cravings ___Joint Pain ___Nausea ___Tension	
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Notes								

Code	Action
Date	Enter the date for which you recording menstrual cycle or related activity
Menses	If you had your period on this date, check off the flow level.
SBE	If you performed a self breast exam, check off the position when performed.
Spotting	If spotting occurred on this day – not during your period – check Yes.
Wgt	If you’ve weighed in on this date, enter your weight in this column.
Symptoms	If a symptom occurred, indicate its severity level: **MI** = Mild, **MO** = Moderate, **SEV** = severe
Xfr	Check off as you transfer your information into MyMonthlyCycles.com

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