

Travelling Cycles Notepad

| Date | Menses | SBE | Spotting | Wgt | Symptoms | Xfr | |
|--------|--|--|------------------------------|-----|---|--|---|
| | <input type="checkbox"/> Spotting <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy | <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Lying <input type="checkbox"/> Down | <input type="checkbox"/> Yes | | <input type="checkbox"/> Acne <input type="checkbox"/> Bloating <input type="checkbox"/> Cramps <input type="checkbox"/> Diarrhea <input type="checkbox"/> Headached <input type="checkbox"/> Moody <input type="checkbox"/> Ovarian Pain <input type="checkbox"/> Water Retention | <input type="checkbox"/> Anxiety <input type="checkbox"/> Breast Swelling <input type="checkbox"/> Constipation <input type="checkbox"/> Fatigue <input type="checkbox"/> Irritability <input type="checkbox"/> Muscle Pain <input type="checkbox"/> Sadness <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Backache <input type="checkbox"/> Breast Tenderness <input type="checkbox"/> Decr. Concentration <input type="checkbox"/> Food Cravings <input type="checkbox"/> Joint Pain <input type="checkbox"/> Nausea <input type="checkbox"/> Tension |
| Notes: | | | | | | | |
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| 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 |