

# Hormonal Diary

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

Cycle Day (Day 1 is the first day of menstrual bleeding)	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			
Day of Week																																											
Date																																											
Bleeding*																																											
Number of pads/tampons																																											
<b>Physical Changes**</b>																																											
Breast swelling/tenderness																																											
Bloating, water retention, weight gain																																											
Bladder symptoms																																											
Constipation																																											
Loose bowel																																											
Acne																																											
Nipple discharge																																											
Sleep pattern changes																																											
Fatigue, lack of energy																																											
Headaches, migraines																																											
Aching muscles/joints																																											
Cramps, low back pain																																											
Use of rescue medication (Nurofen, Panadeine, etc.)																																											
<b>Behavioural Changes**</b>																																											
Aggression, meanness																																											
Withdrawal from family and friends																																											
<b>Emotional/Cognitive Changes**</b>																																											
Anxiety																																											
Anger, irritability																																											
Depression, sadness, hopelessness																																											
Mood swings																																											
Decreased alertness, inability to concentrate																																											
Food cravings (esp. for sweet or salty foods)																																											
Decreased sexual desire																																											

*Bleeding	L = Light	A = Average	H = Heavy	Sp = Spotting
**Symptoms Rating	0 = None	+ = Mild	++ = Moderate	+++ = Severe

# Basal Body Temperature Chart

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

Cycle Day (Day 1 is the first day of menstrual bleeding)	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													
Day of Week																																																					
Date																																																					
Time																																																					
Waking Basal Temperature (°C)	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5										
	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4								
1. Use a basal thermometer or shake down a mercury thermometer to below 35°C and place it by the bed before going to sleep.	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3							
	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2						
	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1					
	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0				
2. Upon waking, place the thermometer under the armpit or in the mouth for a full 10 seconds (or 10 minutes for mercury thermometer).	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9	36.9					
	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8	36.8			
	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7	36.7			
	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6		
3. Remain as still as possible, resting with the eyes closed.	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5			
	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4	36.4		
	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	
	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	36.2	
4. Record the temperature, preferably at the same time everyday.	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1		
	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0
	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9
	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8
Cycle Day	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													
	Circle Day(s) of Intercourse	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												
	Describe Cervical Fluid*																																																				
Vaginal Sensation**																																																					
Cycle Day	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													
Pregnancy Test Result																																																					
Other Notes:																																																					
Poor Sleep																																																					
Alcohol																																																					
Illness																																																					
*Describe Cervical Fluid	E = Egg white					C = Creamy					S = Sticky					P = Period					Sp = Spotting					O = Other Discharge																											
**Vaginal Sensation	D = Dry					M = Moist					W = Wet																																										

