Period Tracker

Month: _____   Year: _____

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SYMPTOMS/KEY

☐ Spotting   ☐ Fatigue   ☐ Headaches   ☐ Acne   ☐ Cravings

☐ _____   ☐ _____   ☐ _____   ☐ _____   ☐ _____

FLOW/INTENSITY

Light

Medium

Heavy

PAIN SCALE

Light

Medium

Intense

NOTES