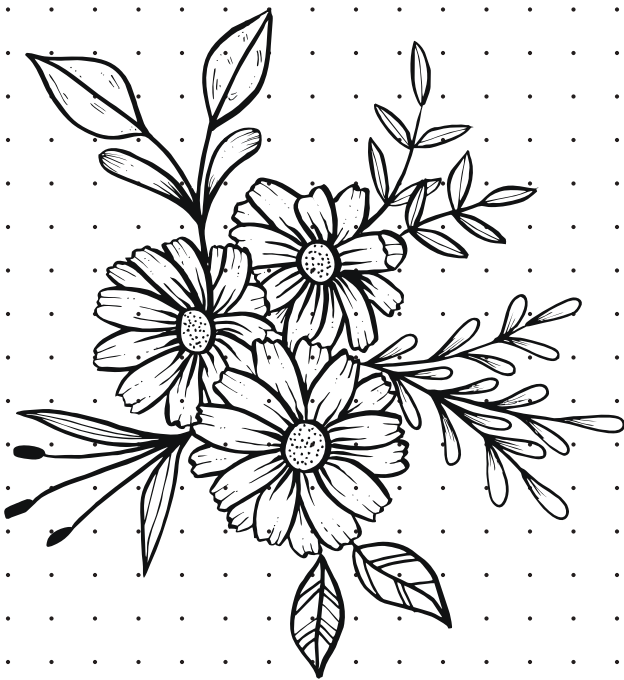


# Period Tracker

Month: \_\_\_\_\_

Year: \_\_\_\_\_

FLOW

NOTES

Light



Medium



Heavy



SYMPTOMS/KEY

Cramps
Spotting
Fatigue
Headache
Acne
Low energy
Medium energy
High energy