

# PMS Tracker

Please try the tracker below for 3 or more cycles to help monitor your patterns and symptoms.

Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

| Phases of the cycle  | Dream phase: Menstruation  |   |   |   |   | Do phase: Pre-ovulation |   |   |   |    |    | Give phase: Ovulation |  |    |    | Take phase: Pre-menstrual |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
|--|--|---|---|---|---|-------------------------|---|---|---|----|----|-----------------------|--|----|----|---------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Days of the cycle  | 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 |  |
| Date   |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| <b>PHYSICAL SYMPTOMS (mark 1-3 according to severity) 1 = mild, 2 = moderate, 3 = severe</b> |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Fatigue  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Constipation   |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Diarrhoea  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Bloating   |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Fluid retention  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Weight gain  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Breakouts, acne  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Food cravings  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Breast tenderness  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Sleep disturbances   |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Headaches  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Hot flushes  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Other  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| <b>MOOD SYMPTOMS (mark 1-3 according to severity) 1 = mild, 2 = moderate, 3 = severe</b>     |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Low mood   |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Anxiety  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Poor focus   |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Lack of motivation   |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Irritability or anger  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Teary or sensitive   |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Poor memory  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Drop in self-esteem  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Other  |  |   |   |   |   |                         |   |   |   |    |    |                       |  |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
|  | *Symptoms experienced in the <b>follicular phase</b> may be unrelated to PMS. Please discuss these with your healthcare practitioner |   |   |   |   |                         |   |   |   |    |    |                       | *If your self-rated symptom severity is made up of mostly 2's or 3's in the <b>luteal phase</b> of your cycle you may benefit from some support. Please discuss these symptoms with your healthcare practitioner |    |    |                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |

**Recommendations to discover more:** All great ideas are developed from those we have learned from before. For more information on the power of your period please explore the work of Rebecca Campbell, Lisa Lister, Alexandra Pope, Maisie Hill, Alisa Vitti and Lucy Peach.

References available on request.