

HOW TO COMPLETE YOUR BLEEDING JOURNAL

1. Fill out the journal starting with the first day of the month. Begin recording on the date that your bleeding begins. The days of the month are listed along the side of the Diary. Begin recording at the first sign of bleeding and continue until the bleeding has stopped. If you did not have any bleeding during the month, note it on the chart. If you bleed more than once in a month note that as well. At the top of the page are diagrams of pads and tampons showing different amounts of blood. Each time you change a pad or tampon, make a mark under the diagram that looks the most like the product you used. Look at the sample journal page below. The pictures indicate the amount of blood staining on a pad or tampon. Underneath the appropriate picture(s) and across from the correct day, make a mark (|) for each pad or tampon you use that day. If you overflowed or flooded a pad or tampon, choose the third picture (heaviest stain). Once you have 5 pads or tampons on that day cross over the marks (++++).








2. Record all medications. Many medications affect your bleeding patterns or the way other medications work. It is important for your doctor to know about every medication you are taking.

Medications taken daily.: Record medications taken every day in the section provided at the bottom of the page. This should include vitamins, allergy medications, etc

Medications taken occasionally: Record medications which are not the same every day in the Medications columns. Record the number of pills you took in the 24 hour period. This includes: the birth control pill, provera, ibuprofen, acetaminophen, or other similar pain medications. If you are taking Birth Control Pills mark a column BCP and write "B" in that column for each day you take an active pill and "P" for each placebo pill (a different coloured inactive pill that you take to remind you to take a pill each day. If you have a pill-free week, write "NP" for each pill-free day.

3. Record any significant symptoms you associate with your period. Use a separate column for each symptom. Rate your pain on a scale of 1-10.

Name Jane Doe Month January Year 2014








Day of Month	Pads				Tampons			Medications		Symptoms				Other						
								BCP	Ibuprofen	Pain	Headache					Miss Work				
1								B												
2								NP												
3								NP	2	3	✓									
4								NP	6	5	✓				✓					
5				+++				NP	3	1										
6								NP												
7								NP												
8								NP												
9								B												

Daily medications List all other medications you take every day.

Multi vitamin

Menstrual Calendar

Name _____ Month _____ Year _____

Day of Month	Pads				Tampons			Medications			Symptoms				Other				
																			
1																			
2																			
3																			
4																			
5																			
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Daily medications List all other medications you take every day.
