

Daily Perimenopause Diary

Name: _____

Month: _____

Year: _____

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	
Date																																
Tampons +/- pads (normal size-soaked/day)																																
Menstrual Cup Flow 1*																																
Menstrual Cup Flow 2*																																

Record 0 = none, 1 = minimal, 2 = moderate, 3 = moderately intense, 4 = very intense

Amount Flow																														
Cramps																														
Breast Sore: Front																														
Breast Sore: Side																														
Fluid Retention																														
Hot flushes - day																														
# of flushes - day																														
Hot flushes - night																														
# of flushes - night																														
Mucus secretions																														
Constipation																														
Headache																														
Sleep Problems																														
Feeling Frustrated																														
Feeling Depressed																														
Feeling Anxious																														

Record M = much less, L = a little less, U = usual, Y = a little increased, Z = much increased

Appetite																														
Breast Size																														
Interest In Sex																														
Feeling Of Energy																														
Feeling Of Self-Worth																														
Outside Stresses																														
Basal Temperature																														
Comments (temperature taken late, feeling sick, poor sleep, etc.)																														

*Menstrual Cup Flow: Please record flow (ml) whenever you empty your cup. Use the scoring outlined below (ie. flow between 7.5 and 15ml = C)

Flow Scoring Choices



0	A	B	C	D	E	F
0ml	0 – 7.5ml	7.5ml	7.5 – 15ml	15ml	15 – 30ml	30ml

version date: August 5, 2021

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