

INSTRUCTIONS FOR THE DAILY PERIMENOPAUSE DIARY

The menstrual cycle is created by over a dozen hormones changing in a complex and coordinated manner. Hormones of the ovary, pituitary, and uterus work together to create cyclic symptoms and signs during your cycle. Completing this form every day will help you to learn from and to notice important features about your own menstrual cycle. Many women find that perimenopause is a time of new patterns and new experiences. Keeping the diary can help you see these patterns.

At the top, write the month of the first day of flow (day 1). Please start filling in the form on the **evening** of the first day of your period. If no period occurs, continue recording on another sheet after day 30 and just re-number 1 to "31" for subsequent days until flow starts. If you have had no flow for several months, start using a new Diary sheet for each month.

Be sure to write something in every box. A blank tells you nothing about that day but a 0 is good evidence you didn't experience it! If you forget, skip that day. Don't try to remember later. Use a new chart for each cycle.

This form will help you become aware of the way your body responds to the perimenopausal changes in your life and to any treatments or supplements you try. Although this form is mostly self-explanatory, I have provided additional information so your record-keeping can best help you to understand these changes (and your physician, if you choose to share it). Please take a minute before you go to bed each night to record the information about your day. The scale at the top goes from 0 to 4. Zero means you had no experience to record, while '4' represents the worst it has ever been for you. The scale at the bottom uses letters to indicate if feelings or body symptoms are more, or less, intense, than your usual '(U)' or normal state. Please start filling in the form on the first day of your menstrual flow.

Flow:

Because flow is important, you are requested to provide two indicators for it. The first is the number of regular sized, **soaked** pads and/or tampons you use each day of flow. If you use a combination of pads and tampons, enter the combined total for that day (4 tampons/3 pads = 7). The second is your assessment of flow. The score goes from 0 = none, 1 = spotting, to 4 which means clots or a change every hour.

Name: _____ Month: March Year: 2003

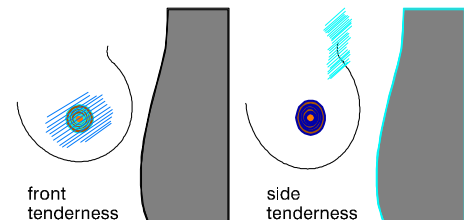
Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Date	12	13	14	15	16	Continued													
Tampons/pads/day	4	4	3	2	0														

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

Amount Flow	3	4	2	2	1														
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Breast Tenderness:

You are asked to note both front and/or side breast soreness in the areas shown in the diagram. To determine if you have breast tenderness, touch both areas with the palm of your hand and note which areas are sensitive or sore. There may be very little soreness, but the pressure will feel different, for example, than if you put the same pressure on your leg.



Fluid Retention:

This means feeling bloated or puffy. Because your body is retaining more water, you may notice you weigh more and that you get up during the night to urinate.

Hot Flashes:

Please record the **intensity** of, or how strong the hot flush was, in the rows labelled "Hot flushes – day" and "Hot flushes – night" using the 0 - 4 scale above. A '1' would be a feeling of slight heat, and a '4' would be if you were dripping wet all over. Record the average intensity of the hot flushes you had today. Record the **actual number** of hot flushes you experience in the rows labelled "# Flushes-day" and "# Flushes Night".

"Hot flushes--night" mean ones that occur while you are sleeping (even if that is during the day because you work a night shift). For episodes of heat or sweating during sleep give it an intensity of "1" if you don't feel it woke you up but, say, you awoke because you needed to go to the washroom, or there was a loud clap of thunder. Any night sweat that woke you from sleep is an intensity of "2" or more.

Mucous Secretions:

The mouth of the uterus (cervix) makes a clear stretchy fluid when estrogen levels are high. If mucous can be stretched out for 6-8 cm (3-4") between two fingers or pieces of tissue, this is an estrogen effect.

Stress and Feelings:

You are asked to record how you **feel** each day and to evaluate the amount of stress that is part of your life. These two things are not the same. Record feelings on the numbered scale and outside stresses on the bottom scale (with letters). For example, on a given day you may not feel anxious. At the same time you may judge the stresses in your life to be a little more than usual because of a work deadline you had to meet.

Please write your comments at the bottom of the column. This may include any particular event which influenced how you felt that day (for example, report if you are ill, have a job promotion, win a major prize, have an argument with your partner, etc). Additional comments or explanations may be noted on the back of the form.

Treatments / supplements:

There is a version of the Daily Perimenopause Diary with space for you to record any treatment or supplements you are using. Tracking these on the same page with your record keeping can help you see whether the things you are using are helping you.

Quantitative Basal Temperature (QBT) Monitoring: (called this because we use statistics to decide where the temperature increase occurs—Prior, Clinical Invest. Med., 1990). Progesterone makes the first morning temperature increase a small but reliable amount.

The following recommendations will assist you to accurately take and record your oral temperature.

1. Day 1 is the first day of your flow (and you should be starting on a new sheet).
2. Take your temperature in the morning, when you first wake.
3. Activity will raise your basal (resting) temperature. Although you may start your thermometer and head to the washroom, if you can, postpone this or getting out of bed until your temperature taking is finished.
4. Under 'Comments', please record any events that may affect your morning temperature (the time if you slept in or got up early, felt like you were getting the flu or had a very late night).

Using the digital thermometer:

1. Press the ON/OFF button and a beep will sound (88.88 will display when the thermometer is used for the first time).
2. After a few seconds the display will go blank.
3. Place the thermometer under your tongue.
4. When the peak temperature is reached (in about 1 minute), a beep will sound 3 times. The reading will not change while the power remains on.
5. Turn the thermometer off by pressing the green ON/OFF button. The reading will be stored in memory for 3 seconds the next time you switch the thermometer on. After 3 seconds, the display will go blank and the temperature will be permanently erased from memory.

Analyzing your temperature data:

If you would like to figure out whether you have ovulated and the length of your luteal phase (the time following ovulation) you can do that. First, compute the average of all the temperatures in your record, by adding them up and dividing by the number of days for which you have temperature readings. The average temperature you get can then be compared with the actual readings. If your temperature went above and stayed above that average until the day before the next flow you have ovulated. The higher temperatures should last 10-16 days. When there are between 3 and 9 days of higher temperatures, you have what is called a short luteal phase. This means that you have ovulated but the time of progesterone elevation is too short.

Ovulation during perimenopause:

It is normal for ovulation to become disturbed during perimenopause. However, some women have problems because of these changes, particularly with heavy flow and breast tenderness. If this is true for you, you may find some helpful information in the perimenopause section of our webpage (www.cemcor.ubc.ca).

This form is designed to help you better understand the changes you are experiencing. Eventually, through data-gathering like this, a large body of understanding will accumulate so our daughters will be more prepared than we were for their perimenopause.

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