



| Symptom   | Monday        | Tuesday       | Wednesday     | Thursday      | Friday        | Saturday      | Sunday        |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| <i>spotting or flow</i>   |               |               |               |               |               |               |               |
| <b>Flow Heaviness</b><br><i>if applicable</i>   | <i>L/M/H</i>  | <i>L/M/H</i>  | <i>L/M/H</i>  | <i>L/M/H</i>  | <i>L/M/H</i>  | <i>L/M/H</i>  | <i>L/M/H</i>  |
| <b> HOT FLASHES</b>          |               |               |               |               |               |               |               |
| <b>Count</b><br><i>number today</i>   | <i>0/1/2+</i> | <i>0/1/2+</i> | <i>0/1/2+</i> | <i>0/1/2+</i> | <i>0/1/2+</i> | <i>0/1/2+</i> | <i>0/1/2+</i> |
| <b>Intensity</b><br><i>1 (mild) – 3 (strong)</i>  | <i>1–3</i>    | <i>1–3</i>    | <i>1–3</i>    | <i>1–3</i>    | <i>1–3</i>    | <i>1–3</i>    | <i>1–3</i>    |
| <b> NOTES / OBSERVATIONS</b> |               |               |               |               |               |               |               |
| <b>Food / Caffeine / Alcohol</b><br><i>anything notable</i>   |               |               |               |               |               |               |               |
| <b>Exercise</b><br><i>type + duration</i>   |               |               |               |               |               |               |               |
| <b>Stress Level</b><br><i>1 (low) – 5 (high)</i>  | <i>1–5</i>    | <i>1–5</i>    | <i>1–5</i>    | <i>1–5</i>    | <i>1–5</i>    | <i>1–5</i>    | <i>1–5</i>    |
| <b>Other Notes</b><br><i>anything else</i>  |               |               |               |               |               |               |               |

*L = Low M = Moderate H = High • Y = Yes N = No • Ratings 1–5: 1 is worst, 5 is best*