Prism Calendar

Preferred Women's Healthcare

Bleeding																																																	
Day of 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	41	42	43	44	45	46
Month:_____ Date:_____																																																
Weight Change																																																
Symptoms																																															
Irritable																																															
Fatigue																																															
Inward Anger																																															
Labile Mood (Crying)																																															
Depressed																																															
Restless																																															
Anxious																																															
Insomnia																																															
Lack of Control																																															
Edema or rings tight																																															
Breast Tenderness																																															
Abdominal Bloating																																															
Bowels: Const.(C) Loose (L)																																															
Appetite: Up(U) Down(D)																																															
Sex Drive: Up(U) Down(D)																																															
Chills(C)/Sweats(S)																																															
Headaches																																															
Crave Sweets,Salt																																															
Feel Unattractive																																															
Guilty																																															
Unreasonable Behaviour																																															
Low Self Image																																															
Nausea																																															
Menstral Cramps																																															
Lifestyle Impact																																															
Aggressive Towards Others																																															
Verbal																																															
Physical																																															
Wish to be alone																																															
Neglect Housework																																															
Time off Work																																															
Disorganized, Distractable																																															
Accident Prone/Clumsy																																															
Uneasy about driving																																															
Suicidal Thoughts																																															
Stayed at Home																																															
Increased use of Alcohol																																															
Life Events																																															
Negative Experience																																															
Positive Experience																																															
Social Activities																																															
Vigorous Excercise																																															
Medications																																															

INSTRUCTIONS FOR COMPLETING THIS CALENDAR

1. On the first day of menstruation prepare the calendar: Considering the first day of bleeding as day 1 of your menstrual cycle enter the corresponding calendar date for each day in the space provided below
2. Each Morning: Take weight after emptying bladder and before breakfast Record **WEIGHT CHANGE** from baseline
3. Each Evenin2: At about the same time complete the column for that day as described below

BLEEDING: Indicate if you have had bleeding by shading the box above that days date; for spotting use an **"X".**

SYMPTOMS: If you do not experience any symptoms leave the corresponding square blank If present indicate severity

MILD: 1 (noticeable but not troublesome)
MODERATE: 2 (interferes with normal activity)
SEVERE: 3 (temporarily incapacitating)

LIFESTYLE IMPACT: If the listed phrase applies to you that day enter an **"X**".

LIFE EVENTS: If you experienced one of these events that day enter an **"X**".

Experiences. For positive (happy) or negative (sad or disappointing) experiences unrelated to your symptoms specify the nature of the events on the reverse side of this form

Social Activities imply events such as a special dinner, show or party etc involving family or friends

Vigorous Exercise implies participation in a sporting event or exercise program lasting more than 30 minutes

MEDICATION: In the bottom 3 rows list medications if any and indicate days when taken by entering an"**X**".

Name: _____ **SSN#** _____-_____-_____ **Date:**_____