Use My Period Tracker to help you **keep track of your monthly menstrual symptoms, and bring it with you to your doctor's appointment**; it will help you have a more productive conversation about heavy periods and any concerns you may have.

Your concerns are real, and your doctor is there to help you make the right treatment choices.

My Period Tracker

How to Use My Period Tracker

For each day of your period, please record the information requested below over a 3-month span. Showing a pattern will help your doctor see how heavy periods are affecting you.

Remember to be as accurate as possible. Share this tracker with your doctor so he or she can determine whether you have heavy menstrual bleeding (HMB), and if so, discuss potential treatment options together.

Legend

To identify your rate of flow, see the images below and select the one (or more) that corresponds to your situation.

Saturation Level

Light Medium Heavy

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Month 1 _____

(Month)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11
Saturation level: light/medium/heavy											
# of pads or tampons											
Night changes: Y/N, #											
Clots: Y/N											
Clot size: (<dime, nickel, >quarter)											
Cancel/change plans: Y/N											
Menstrual cup: (# mL)											

	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22
Saturation level: light/medium/heavy											
# of pads or tampons											
Night changes: Y/N, #											
Clots: Y/N											
Clot size: (<dime, nickel, >quarter)											
Cancel/change plans: Y/N											
Menstrual cup: (# mL)											

	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30	Day 31		
Saturation level: light/medium/heavy											
# of pads or tampons											
Night changes: Y/N, #											
Clots: Y/N											
Clot size: (<dime, nickel, >quarter)											
Cancel/change plans: Y/N											
Menstrual cup: (# mL)											

Month 2 _____

(Month)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11
Saturation level: light/medium/heavy											
# of pads or tampons											
Night changes: Y/N, #											
Clots: Y/N											
Clot size: (<dime, nickel, >quarter)											
Cancel/change plans: Y/N											
Menstrual cup: (# mL)											

	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22
Saturation level: light/medium/heavy											
# of pads or tampons											
Night changes: Y/N, #											
Clots: Y/N											
Clot size: (<dime, nickel, >quarter)											
Cancel/change plans: Y/N											
Menstrual cup: (# mL)											

	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30	Day 31		
Saturation level: light/medium/heavy											
# of pads or tampons											
Night changes: Y/N, #											
Clots: Y/N											
Clot size: (<dime, nickel, >quarter)											
Cancel/change plans: Y/N											
Menstrual cup: (# mL)											

Month 3 _____

(Month)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11
Saturation level: light/medium/heavy											
# of pads or tampons											
Night changes: Y/N, #											
Clots: Y/N											
Clot size: (<dime, nickel, >quarter)											
Cancel/change plans: Y/N											
Menstrual cup: (# mL)											

	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22
Saturation level: light/medium/heavy											
# of pads or tampons											
Night changes: Y/N, #											
Clots: Y/N											
Clot size: (<dime, nickel, >quarter)											
Cancel/change plans: Y/N											
Menstrual cup: (# mL)											

	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30	Day 31		
Saturation level: light/medium/heavy											
# of pads or tampons											
Night changes: Y/N, #											
Clots: Y/N											
Clot size: (<dime, nickel, >quarter)											
Cancel/change plans: Y/N											
Menstrual cup: (# mL)											