BASIC SYMPTOM TRACKER

DATE CHART STARTED:	ARE YOU ON YOUR PERIOD? NOTE THE DAY IN YOUR CYCLE?	AREA OF PAIN & LEVEL OF PAIN FROM 1-10 1= LOW, 10=HIGH	FOOD & DRINK	EMOTIONAL STATE	EXERCISE	MEDICATION TAKEN& ALTERNATIVE THERAPIES USED	ANY OTHER SYMPTOMS?
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							