Menstruation Chart

Name: **Date of Birth:** **Year:**

KEY:

Bleeding	Pain	Mood/Feelings	Seizures
N: Normal flow	**B:** Bloating	**A:** Aggressive	**S:** Seizure
L: Light flow	**CR:** Cramps	**I:** Irritable	
H: Heavy flow	**HA:** Headache	**T:** Tired	
C: Clotting			

Month	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
JAN																															
FEB																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUG																															
SEPT																															
OCT																															
NOV																															
DEC																															

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