MENSTRUAL CYCLE TRACKING SHEET

1 = great, 2 = good, 3 = okay, 4 = bad, 5 = really bad

Day	Flow (light, medium, heavy)	Symptoms (1-5)							Daily Monitoring (1-5)				
		Breast Soreness	Stomach Cramps	Bloating	Upset Stomach	Mood	Fatigue	Other, describe	Resting Heart Rate	Sleep Quality	Sleep Length (hours)	Motivation to Train	Muscle Soreness
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