

ID: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Training Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Office Use Only**  
Version 3/19/96



## MONTHLY CALENDAR

*January 2002*

- Every day is important.
- Every woman is unique.

### Additional Questions About the Past Month

Please answer these questions about what happened in the past month and the past 2 weeks.

5. Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Questions:	a. Hot flashes or flushes		b. Night sweats		c. Soreness or stiffness in neck or shoulders		d. Feeling nervous, irritable or tense		e. Feeling down, blue or depressed		f. Trouble sleeping	
	1-2	3-5	6+	1-2	3-5	6+	1-2	3-5	6+	1-2	3-5	6+
6. Did you have any of these experiences <b>in the past month?</b> (Circle one in each column)	N	Y		N	Y		N	Y		N	Y	
7. <i>If yes</i> , did you have these experiences in <b>the past 2 weeks?</b>	N	Y		N	Y		N	Y		N	Y	
8. <i>If yes</i> , how many days did it occur <b>during the past 2 weeks?</b>	1-2	3-5	6+	1-2	3-5	6+	1-2	3-5	6+	1-2	3-5	6+
9. Did you have any other symptoms <b>during the past two weeks?</b> <i>If yes</i> , what? _____	N											Y
10. If you answered yes to any (a-f) in #7, above, did it/they interfere: a. with your work <b>during the past two weeks?</b> b. with your daily life other than work <b>during the past two weeks?</b> c. with your relationships <b>during the past two weeks?</b> d. with your sexual life <b>during the past two weeks?</b>	(Circle one in each row.)											
	N	Y	N/A	N	Y	N	Y	N	Y	N	Y	N/A

Do you have any comments about what happened during the past month? If yes, please write them on this page. Thank you.

ID: \_\_\_\_\_

**Mark the calendar on each day you have bleeding, even if it's just a little, by circling the letter that best describes your bleeding.**

Letter	Meaning
S	Spotting
B	Light or moderate Bleeding
H	Very Heavy bleeding

*On the day you consider the **first day** of your menstrual period, please circle the date to indicate the day your menstrual period started.*

**January 2002**

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
		1	2	3	4	5
		S B H	S B H	S B H	S B H	S B H
6	7	8	9	10	11	12
S B H	S B H	S B H	S B H	S B H	S B H	S B H
13	14	15	16	17	18	19
S B H	S B H	S B H	S B H	S B H	S B H	S B H
20	21	22	23	24	25	26
S B H	S B H	S B H	S B H	S B H	S B H	S B H
27	28	29	30	31		
S B H	S B H	S B H	S B H	S B H		

**Please answer these questions on the last day of the month.**

- If you didn't have any bleeding this month, please check here \_\_\_\_\_  
(Circle one on each line.)
- Did you take birth control pills this month? N Y
- Did you take any other female hormones this month? N Y  
a. If yes, what? \_\_\_\_\_
- Did you have any female/gynecologic surgery or procedures this month? N Y  
a. If yes, what? \_\_\_\_\_