Every Phase

A gentle tracker for your cycle, your symptoms
and your health appointments

so you can be heard

This tracker belongs to

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Therapy & Wellness

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Welcome to Every Phase

Living with PCOS (also called PMOS), endometriosis or adenomyosis often means keeping track of a lot: pain, bleeding, moods, medicines and appointments. This tracker gives it all one gentle home, so you can notice patterns, plan around harder days, and walk into appointments with clear information. It's for anyone who wants to understand their cycle better, including if your cycles are irregular or you don't have periods at the moment.

What's inside

- ***My health at a glance:*** your conditions, doctors and medicines on one page. Take it to every new doctor.
- ***Cycle tracker:*** one row a day for bleeding, pain, mood, energy, sleep and medicine. Day 1 is the first day of your period. Longer cycle? Carry on with the days 32 to 62 page.
- ***Looking back on this cycle*** and ***mood across my cycle:*** spot patterns and what helps.
- ***My year of cycles:*** twelve months on one page, to see the bigger picture.
- ***New or changing symptoms, month planner, planning around my cycle and a flare plan.***
- ***Appointment pages:*** what to ask before, and what was said during and after.

Getting started

1. Fill in ***my health at a glance***. It's the page every new doctor will want.
2. Start a ***cycle tracker*** page on the first day of your period. No periods, or very irregular ones? Just start today and call it day 1.
3. Each evening, fill in one row. It takes about a minute.
4. When your next period starts, fill in ***looking back on this cycle*** and colour in ***my year of cycles***. Then start a new cycle page.
5. Before an appointment, use the ***appointment pages*** and take your tracker with you.

A few gentle rules

- Print only the pages you need. Pages marked "print as many as you need" can be printed again and again.
- There's no wrong way to use it. Missed a few days? Just start again today.
- Your body doesn't have to follow a 28-day script. Go by what your own tracker shows you.

This tracker is not medical advice. It helps you keep a record for yourself and your doctors. It doesn't diagnose anything or replace medical care. Please let your doctor know promptly about any new symptoms, or symptoms that change or get worse. Don't wait for your next appointment. If you're struggling emotionally, please reach out: ***SADAG 0800 567 567*** (free, 24 hours). In an emergency, go to your nearest hospital emergency unit or call ***112***.

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My health at a glance

Keep this up to date and take it to every appointment.

Name ..... **Date of birth** .....

Medical aid & number ..... **Blood type (if known)** .....

Emergency contact & number .....

My conditions

Condition	Diagnosed (when)	Diagnosed by

My doctors & health team

Name	What they help with	Phone / email

Medicines, supplements & hormones

Name	Dose	When I take it	What it's for	Started

Surgeries, procedures & important tests

Date	What	Where / by whom

Allergies & reactions .....

Contraception (if any) .....

My cycle tracker

☆ print as many as you need

Cycle number ..... **Day 1 was on** ..... **Month(s)** .....

Bleed: 0 none, S spotting, L light, M medium, H heavy. **Pain:** 0 none to 10 worst. **Mood and energy:** 0 lowest to 10 best. **Where it hurts:** LB lower belly, BA back, LE legs, BR breasts, HE head, BO bowel, BL bladder, SX during or after sex. **Gut or bladder:** bloating, constipation, diarrhoea, pain passing urine, anything you notice.

Cycle day	Date	Bleed	Pain 0–10	Where it hurts	Mood 0–10	Energy 0–10	Sleep (hours)	Gut or bladder	Medicine or pain relief taken	Notes: what helped, stress, other symptoms
1										
2										
3										
4										
5										
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31										

My cycle tracker (continued)

☆ print as many as you need

Cycle number ..... **Day 1 was on** ..... **Month(s)** .....

Bleed: 0 none, S spotting, L light, M medium, H heavy. **Pain:** 0 none to 10 worst. **Mood and energy:** 0 lowest to 10 best. **Where it hurts:** LB lower belly, BA back, LE legs, BR breasts, HE head, BO bowel, BL bladder, SX during or after sex. **Gut or bladder:** bloating, constipation, diarrhoea, pain passing urine, anything you notice.

Cycle day	Date	Bleed	Pain 0–10	Where it hurts	Mood 0–10	Energy 0–10	Sleep (hours)	Gut or bladder	Medicine or pain relief taken	Notes: what helped, stress, other symptoms
32										
33										
34										
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61										
62										

Looking back on this cycle

☆ print as many as you need

Fill this in when your next period starts, or at the end of the month.

Cycle number ..... **Cycle length (days)** ..... **Period length (days)** .....

How heavy was my period overall? ◯ light ◯ medium ◯ heavy ◯ very heavy

My worst pain this cycle (0–10) 0 1 2 3 4 5 6 7 8 9 10

Days I had to cancel, rest or miss work or study .....

My hardest days were

cycle days, and what was going on

What helped

How my mood followed my cycle

What didn't help

To tell or ask my doctor

Mood across my cycle

☆ print as many as you need

Each evening, shade the box of any feeling that was strong today.

Cycle number ..... **Day I was on** .....

Cycle day	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	32	33	34	35
Low or sad																																			
Anxious or on edge																																			
Irritable or angry																																			
Tearful																																			
Overwhelmed																																			
Hard to concentrate																																			
Tired, no energy																																			
Food cravings																																			
Wanting to be alone																																			
Calm																																			
Hopeful																																			
Like myself																																			
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Patterns I notice

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What helps my mood

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If your mood drops sharply in the days before your period, month after month, it's worth telling your doctor. You don't have to just push through. Bring this page with you. If you're struggling: **SADAG 0800 567 567** (free, 24 hours).

My year of cycles

☆ print as many as you need

Write in the month, then mark each day. Patterns show up over a few months.

Key: ☐ period ☐ / spotting ☐ P pain ☐ ! flare ☐ A appointment (shade with pencil)

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	Cycle length

Patterns I notice

To show or ask my doctor

New or changing symptoms

☆ print as many as you need

Write it down when you first notice it. It's easy to forget the details later.

Date noticed	What I noticed	Where, and what it feels like	How often? How bad? (0–10)	What makes it better or worse	Told my doctor?

Please let your doctor know promptly about any new symptoms, or symptoms that change or get worse. Don't wait for a scheduled appointment. If you have sudden severe pain, very heavy bleeding, fainting, or a fever with pelvic pain, get medical help straight away at your nearest hospital emergency unit.

My month

☆ print as many as you need

Month & year .....

Mark: period ☆ appointment rest day

MON	TUE	WED	THU	FRI	SAT	SUN

Write the date in each circle.

☆ Appointments

Scripts, tests & results due

Gentle reminders for me

Planning around my cycle

Use what your tracker shows you to plan ahead. When you know which days tend to be harder, you can make room for them instead of being caught off guard.

My harder days tend to be

e.g. cycle days 1 to 3, or before my period

My better days tend to be

On harder days, I can let go of

things to move, say no to, or ask for help with

Things I can do ahead of time

meals, scripts, heat pad, comfy clothes, plans

My flare plan

for when pain, bleeding or mood flare up

My early warning signs

What helps me most

Who I tell, and what I need from them

My comfort kit

What I can cancel or move

When I call my doctor or get help

Before my appointment

☆ print as many as you need

Date & time ..... **Doctor & practice** .....

Why I'm going ..... **Coming with me** .....

My top three concerns
most important first

1. .....
2. .....
3. .....

How this affects my life
circle all that apply

work or study sleep sex relationships mood exercise eating money plans I've cancelled looking after others

What's changed since last time

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What I've already tried

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☆ My questions
write the most important one first

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Bring with me

- [ ] my tracker pages
- [ ] my health at a glance
- [ ] my medicines (or a list)
- [ ] results, letters and scans
- [ ] this page and a pen

Things I can say

"This is really affecting my life."

"What else could this be?"

"Could you write that down for me?"

"I'd like a referral or a second opinion."

During & after my appointment

☆ print as many as you need

Date ..... **Doctor** .....

What the doctor said

in my own words; it's okay to ask them to repeat it

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Tests ordered

Test	When / where	Results by	Done

Medicine changes

Medicine	Start / stop / change	Dose	Why, and side effects to watch for

Referrals .....

Next appointment .....

After this appointment I feel circle any

heard relieved hopeful confused dismissed overwhelmed tired

☆ What I still need to ask or follow up

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Be gentle with yourself today

Appointments can be draining, especially when you've had to explain yourself again. Rest if you can. Didn't feel heard? You're allowed to ask for a second opinion.

Notes

☆ print as many as you need