Menstrual Pain Symptom Tracking Form

Professional form for detailed recording of menstrual pain symptoms, trigger factors, and relief methods

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Instructions for Use

- Fill out the form promptly when symptoms occur to ensure accuracy
- If you try multiple relief methods, evaluate each one separately
- Continuous recording over several menstrual cycles can help you discover patterns and the most effective relief strategies
- We recommend printing multiple copies or copying the table content to an electronic document

Pain Intensity Rating Scale

1-2 5-6 7-8 9-10 Mild Pain Moderate Pain Light Pain Severe Pain Extreme Pain No impact on daily Affects work Slight discomfort Requires rest Unbearable activities efficiency

Symptom Tracking Record

Date & Time	Symptom Description	Pain Level (1- 10)	Possible Triggers	Relief Methods Used	Method Effectiveness	Notes
Example: 2024-01- 15 2:30 PM	Lower abdominal cramps Lower back pain Mild headache	6	High stress Lack of sleep Cold drinks	Heat therapy 30min Ginger tea Light yoga	Moderate relief	Workday Anxious mood

♦ Pain Sy	mptoms		♦ Other Symptoms						
□ Abdominal □ Low		wer back pain	□ □ Fatigue Nausea/vomiting						
□ Headach	e □ Inr	ner thigh pain	□ Mood changes □ Bloating						
Trigger Factors Reference ◆ Lifestyle ◆ Dietary Factors ◆ Other Factors									
ooty.		2.0.0.7	401010						
□ Stress	□ Lack of sleep	□ Cold drinks	□ Spicy food	□ □ □ Emotional Environmenta					
□ Cold exposure	□ Specific activities	□ Caffeine	□ High sugar foods	changes changes Medication effects Changes No obvious triggers					
Relief Methods Reference									
Physica	l Therapy		Other Methods						
.,		ght exercise a, walking)	□ Herbal tea/drinks (g	□ Meditation/deep ginger breathing					
□ Acupress	ure □ Ma	assage	tea, etc.) □ Rest/slee	□ Pain medication ep (specify name)					
Effectiveness Assessment Criteria Assessment Description Level									

No Effect	No pain relief, no symptom improvement
Slight Relief	Pain slightly reduced, but significant discomfort remains
Moderate Relief	Pain significantly reduced, can perform some daily activities
Significant Relief	Pain mostly or completely gone, return to normal activities



Important Notice

This form is a personal symptom tracking tool and cannot replace professional medical diagnosis.

If your menstrual pain symptoms are severe, persistent, or accompanied by the following conditions, please consult a doctor promptly:

- Pain level reaches 8 or above and lasts for extended periods
- Accompanied by fever, abnormal bleeding, or discharge
- Sudden changes in pain patterns
- Complete ineffectiveness of usual relief methods

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