

Hormone Symptom Tracker

Notice your patterns. Bring clearer notes to your next appointment.

MY NAME (OPTIONAL)

START DATE

How to use this tracker

- 1 Pick what matters to you.**
Choose the symptoms that bother you most. You don't need to fill in every row; three blank rows let you add your own.
- 2 Take one or two minutes a day.**
Fill it in at about the same time each day, like before bed. Missed a day? Just carry on.
- 3 Use the simple 0–3 scale.**
Write a number in each box. Small boxes keep it quick: no long notes needed.
- 4 Track for 2–3 months.**
Many hormone-related changes follow a monthly rhythm, so one month may not show a pattern.
- 5 Review and bring it along.**
Use the review page to write down what you noticed, then share it with your doctor.

The 0–3 scale

- | | |
|-----------------------------------|--|
| 0 None | 1 Mild: noticeable, not in the way |
| 2 Moderate: affects my day | 3 Strong: hard to get through the day |

Extra rows, quick codes

- Period flow: 0 none · S spotting · 1 light · 2 medium · 3 heavy
- Sleep: write the hours you slept (for example 6 or 7.5)
- Exercise: Y for yes, leave empty for no · Cycle day: day 1 = first day of your period

This tracker helps you notice patterns. It can't diagnose a condition. Severe pain, very heavy bleeding, or symptoms that worry you deserve prompt medical advice, whatever your tracker shows.

Tip: fill it in on screen and save a copy each month, or print it and use a pen.

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
Cycle day	#																															
Period flow	0–3/S																															
Cramps / pelvic pain																																
Energy / fatigue																																
Low mood / irritability																																
Anxiety																																
Sleep quality																																
Brain fog																																
Headache																																
Bloating																																
Breast tenderness																																
Skin / acne																																
Cravings / appetite																																
Hot flashes / night sweats																																
+ your symptom																																
+ your symptom																																
+ your symptom																																
Stress level																																
Hours slept	hrs																															
Exercise	Y																															

NOTES THIS MONTH (medicines started or stopped, illness, travel, big events)

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My review & appointment notes

Look back over your months. Describe what you noticed; you don't need to work out the cause. Your doctor can help with that.

Patterns I noticed

e.g. "Tired and low in the days before my period, three months in a row."

The symptoms that affect my life most

Which ones, and how? (work, sleep, relationships, activities)

What seems to help or make it worse

Sleep, stress, food, exercise, other things you noticed

Medicines, birth control, and supplements

Name, and when you started or stopped

Questions for my doctor

e.g. "What could explain this? Would a test change the next step?"

More guides on hormones, cycles, tests, and life stages: homoniousbalance.com