WOMEN'S AWARENESS CALENDAR

IGO Infertility, Gynecology & Obstetrics
MEDICAL GROUP, AMC
Small Miracles Every Day

Name:_____

Age:_____ **Month/Year:**_____

SYMPTOM RATING SCALE:
Leave square empty if no problem.
1-Mild -- does not interfere with normal activities.
2-Moderate -- interferes with normal activities.
3-Severe -- unable to perform normal activities.

	Calendar Date	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
LOW ESTROGEN	Hot flashes																															
	Night sweats																															
	Sleep disturbances																															
	Headache																															
	Palpitations																															
	Vaginal dryness																															
	Frequent/Urgent urination																															
	Anxiety/Irritability																															
	Nervousness/Tension																															
	Outburst of anger																															
	Crying/Hyper-sensitivity																															
	Mood Swings																															
	Depression																															
	Poor self-esteem																															
	Fear of losing control																															
	Violent																															
	Problems coping																															
	Poor concentration																															
	Can't complete tasks																															
	Short-term memory loss																															
	Forgetfulness																															
	Can't think clearly																															
HIGH ESTROGEN +/- PROGESTERONE	Breast fullness																															
	Breast tenderness																															
	Feeling bloated																															
	Nausea																															
LOW TESTOSTERONE	Fatigue																															
	Reduced libido																															
	Reduced sense of well-being																															
	Dry skin																															
HIGH TESTOSTERONE	Acne																															
	Facial hair																															
	Lowering in voice																															
Misc. other (add your own symptoms)	Weight gain																															
	Joint aches and pains																															
Menstruation	(Mark X at onset of period)																															

Hormone	Dose (Mark X on day of use)	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
Estrogen																																
Progesterone																																
Testosterone																																