



Perfect Period.® Tracking Form

Start Date of Last Period: _____ End Date of Last Period: _____ # of Drops Initially Taken Daily ___ # Drops Presently Taking Daily ___

**Note: Day 1 in the "Date" column is the first day you start taking Perfect Period. In the "Day of Cycle" column, enter the corresponding day for where you are in your cycle.*

	Date	Day of Cycle	# of Drops Taken Today	Discomfort (from 1-10)	Please Describe Your Specific Symptoms
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					
Day 8					
Day 9					
Day 10					
Day 11					
Day 12					



	Date	Day of Cycle	# of Drops Taken Today	Discomfort (from 1-10)	Please describe your specific symptoms
Day 13					
Day 14					
Day 15					
Day 16					
Day 17					
Day 18					
Day 19					
Day 20					
Day 21					
Day 22					
Day 23					
Day 24					
Day 25					
Day 26					
Day 27					



	Date	Day of Cycle	# of Drops Taken Today	Discomfort (from 1-10)	Please describe your specific symptoms
Day 28					
Day 29					
Day 30					
Day 31					
Day 32					
Day 33					
Day 34					
Day 35					

Additional Notes (use additional paper if needed):