PCOS Symptom & Cycle Tracker

A simple week-by-week snapshot. Track only what matters to you.

WEEK OF _____ TO _____ Period start (optional): _____

Fill in the days that matter to you. Leave anything blank that does not apply.

1 My week at a glance

Bleeding: N none, L light, M moderate, H heavy | Symptom intensity: 0 none - 3 strong

Energy: circle 1 (low) to 5 (high). You can leave any field blank.

DAY / DATE	BLEEDING	SYMPTOMS (0-3)	ENERGY	NOTES / PATTERNS
Mon _____	○ N ○ L ○ M ○ H	_____ _____	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____ _____
Tue _____	○ N ○ L ○ M ○ H	_____ _____	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____ _____
Wed _____	○ N ○ L ○ M ○ H	_____ _____	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____ _____
Thu _____	○ N ○ L ○ M ○ H	_____ _____	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____ _____
Fri _____	○ N ○ L ○ M ○ H	_____ _____	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____ _____
Sat _____	○ N ○ L ○ M ○ H	_____ _____	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____ _____
Sun _____	○ N ○ L ○ M ○ H	_____ _____	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____ _____

2 What stood out this week?

Patterns, concerns, or questions you might want to discuss:

_____

_____

_____

_____

Medication & Supplement Log

A weekly check-in for the medications and supplements in your own plan.

WEEK OF _____ TO _____ Review date (optional): _____

Fill in the days that matter to you. Leave anything blank that does not apply.

1 My current routine

Write the name, dose, and schedule from your instructions. Mark each day as you track it.

For multiple daily doses, use the notes area - one checkbox does not track separate doses.

MEDICATION / SUPPLEMENT	DOSE / TIME	M	T	W	T	F	S	S
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐

2 Notes & questions

Missed doses, effects you noticed, changes to discuss, or other observations:

_____

_____

_____

REFILLS OR FOLLOW-UP REMINDERS

_____