

## MONTHLY PAIN CALENDAR

Day of cycle	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
Date																															
Gynecological																															
Menses																															
Medications																															
Cramps pelvic																															
Cramps other																															
Pelvic pain left																															
Pelvic pain right																															
Pelvic pain low middle																															
Pelvic pain other																															
Painful sexual intercourse																															
a. during																															
b. after																															
Gastrointestinal																															
Painful bowel movement																															
a. before																															
b. during																															
c. after																															
Genitourinary																															
Urinary problems																															
a. pain																															
b. urgency																															
c. frequency																															
Psychological Assessment																															
Depression																															
Anger																															
Anxiety																															
Musculoskeletal																															
Backache																															
General aches/pains																															
Myofascial																															
Abdominal wall pain																															

Menses:

- 0 - None
- 10 - Extremely heavy

Grading of symptoms and/or complaints:

- 0 - No symptoms
- 10 - Symptoms as severe as the worst I have experienced

For medications, list the initials and medication used.

By completing these forms, permission is given for use of this data in an anonymous manner for evaluation, research and publication.