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MENSTRUAL CALENDAR

Welcome to your journey of self-knowledge! Here's a step-by-step to track your period in the best way:

Step 1: Fill in month and year

At the top of the calendar fill in the name of the current month and year.

Step 2: Number the days in the calendar

Number each day of the month in the boxes on the calendar. You can complete the boxes by including the days of the previous and next month for better record keeping.

Step 3: Colors and/or symbols

Use different colors or symbols to represent each of the items to be identified during your period. Consider using stickers, colored markers or even simple drawings to make your calendar more visual and personalized.

Step 4: Write down every detail

Use the colors and/or symbols you used in the items on the left as a guide to place them on the corresponding days.

Step 5: Extra place for notes

Take advantage of the extra space for notes to jot down any special details, reminders or reflections on your well-being during each phase of the cycle.

Step 6: Observe patterns

At the end of the month, take a moment to review your calendar and observe patterns. This will help you better understand your cycle and anticipate your needs in the future.

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MONTH JANUARY YEAR

Monday Tuesday Wednesday

1 2 3

8 9 10

14 16 17

22 23 24

29 30 31

5 6 7

MENSTRUAL BLEEDING

- Day of bleeding

MENSTRUAL FLOW

- Regular flow
- Moderate flow
- Heavy flow

SEXUAL INTERCOURSE

- With protection
- Unprotected

SYMPTOMS

- Mood
- Digestive
- Abdominal
- Headache

NOTES

The first days of February I felt severe headaches.





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NOTES

The first days of February I felt severe headaches.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	5 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	9	10 <input checked="" type="checkbox"/>	11	12	13	14
14	16	17	18	19	20 <input checked="" type="checkbox"/>	21
22	23 <input checked="" type="checkbox"/>	24	25	26	27	28
29 <input checked="" type="checkbox"/>	30 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	31 <input checked="" type="checkbox"/>	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
5 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	9	10	11

