

# Pictorial Blood Assessment Chart (PBAC): Daily

Date: \_\_\_\_\_



This menstrual chart and scoring system is meant to help you track your period and discuss your circumstances with your healthcare provider. It is not meant as medical advice.

**Instructions:** Put a tally mark for each pad or tampon you use. (If you combine more than one method of protection, fill out the chart for each one.) Note clots and flooding. Circle where you are on the pain scale.

Pad/Tampon/Clot	Tally Marks	Total Tallies	Multiplying Factor	Row Total
			x1	
			x5	
			x20	
			x1	
			x5	
			x10	
<b>Small blood clots (= dime)</b>			x1	
<b>Large blood clots (&gt; or = quarter)</b>			x5	
<b>Flooding</b>			x5	
<b>Total PBAC Score</b>				

## Physical Symptoms:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abdominal Cramps                | <input type="checkbox"/> Dry Skin           | <input type="checkbox"/> Neck Aches                  |
| <input type="checkbox"/> Acne                            | <input type="checkbox"/> Energy (High)      | <input type="checkbox"/> Nosebleeds                  |
| <input type="checkbox"/> Appetite (Decreased)            | <input type="checkbox"/> Energy (Low)       | <input type="checkbox"/> Pelvic Pain                 |
| <input type="checkbox"/> Appetite (Increased)            | <input type="checkbox"/> Fatigue            | <input type="checkbox"/> Premenstrual Syndrome (PMS) |
| <input type="checkbox"/> Backache                        | <input type="checkbox"/> Fever (High)       | <input type="checkbox"/> Sex Drive (Decreased)       |
| <input type="checkbox"/> Binge Eating                    | <input type="checkbox"/> Fever (Low)        | <input type="checkbox"/> Sex Drive (Increased)       |
| <input type="checkbox"/> Bleeding/Spotting               | <input type="checkbox"/> Food Cravings      | <input type="checkbox"/> Water Retention             |
| <input type="checkbox"/> Bloating                        | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Weight Change (Decrease)    |
| <input type="checkbox"/> Body Aches                      | <input type="checkbox"/> Headache           | <input type="checkbox"/> Weight Change (Increase)    |
| <input type="checkbox"/> Breast Tenderness               | <input type="checkbox"/> Heartburn          | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> Canker Sores (inside the mouth) | <input type="checkbox"/> Indigestion        |  |
| <input type="checkbox"/> Cold Sores (outside the mouth)  | <input type="checkbox"/> Insomnia           |  |
| <input type="checkbox"/> Constipation                    | <input type="checkbox"/> Joint Pain         |  |
| <input type="checkbox"/> Diarrhea                        | <input type="checkbox"/> Migraine           |  |
| <input type="checkbox"/> Dizziness                       | <input type="checkbox"/> Muscle Cramps      |  |
|  | <input type="checkbox"/> Muscle Spasms      |  |
|  | <input type="checkbox"/> Nausea             |  |

## Mental Health:

- |   |  |
|---|--|
| <input type="checkbox"/> Abnormal Emotional Outbursts | <input type="checkbox"/> Memory Issues   |
| <input type="checkbox"/> Anxiety                      | <input type="checkbox"/> Mood Swings     |
| <input type="checkbox"/> Confusion                    | <input type="checkbox"/> Overstimulation |
| <input type="checkbox"/> Depression                   | <input type="checkbox"/> Overwhelmed     |
| <input type="checkbox"/> Difficulty Concentrating     | <input type="checkbox"/> Paranoia        |
| <input type="checkbox"/> Hopelessness                 | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Irritability                 |  |

## Missed Work or School:

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## Log Medication Here:

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## Notes:

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## Pain Scale:

