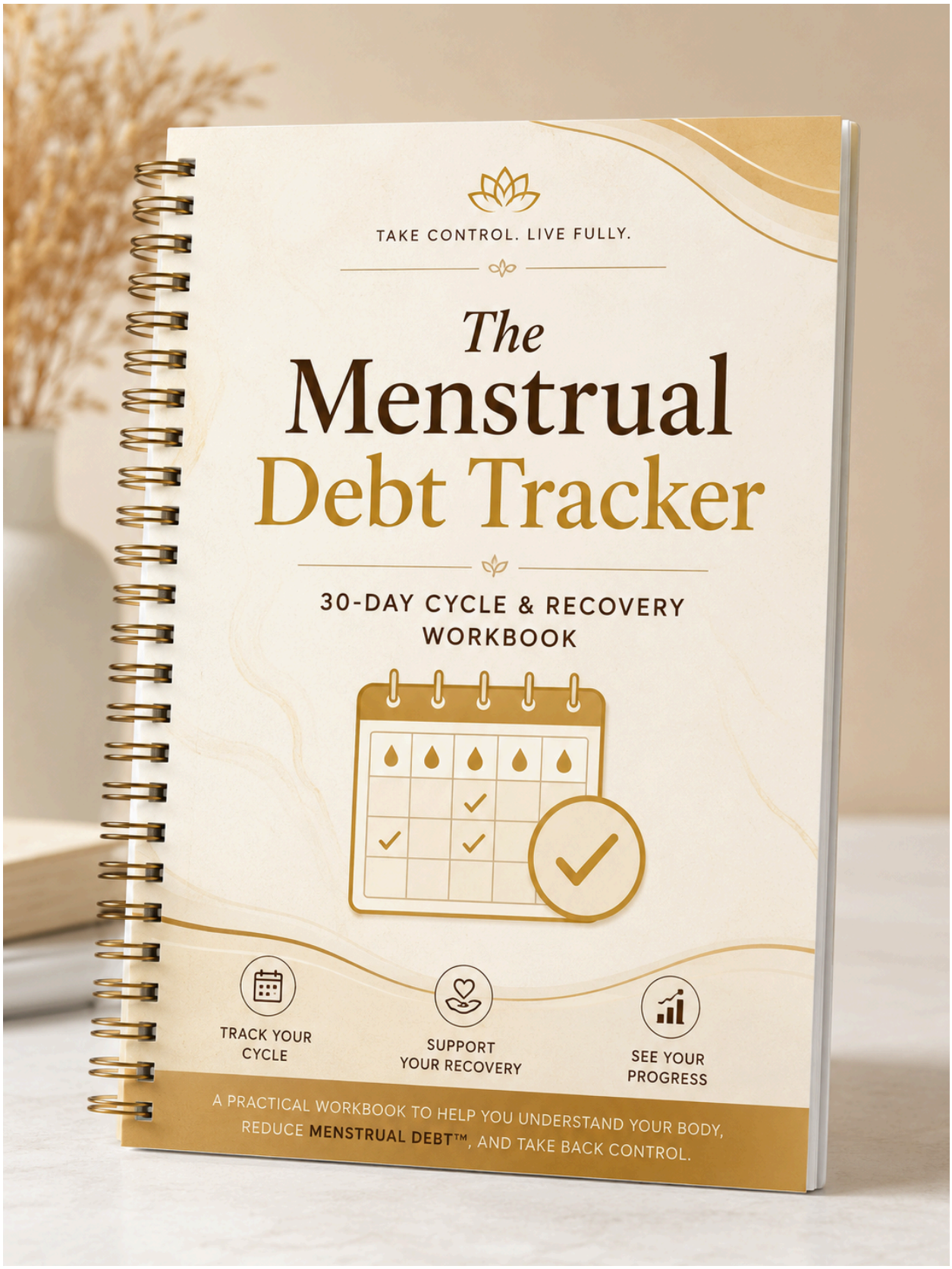
TAKE CONTROL. LIVE FULLY.
The
Menstrual
Debt Tracker
30-DAY CYCLE & RECOVERY
WORKBOOK
TRACK YOUR
CYCLE
SUPPORT
YOUR RECOVERY
SEE YOUR
PROGRESS
A PRACTICAL WORKBOOK TO HELP YOU UNDERSTAND YOUR BODY,
REDUCE MENSTRUAL DEBT™, AND TAKE BACK CONTROL.

The Menstrual Debt Tracker™

A Printable 30-Day Cycle & Recovery Workbook

If you've finished **The Menstrual Debt Formula™**, you've already taken the first step—understanding what's been happening inside your body.

Now it's time to take the next step.

Awareness.

One of the biggest reasons women stay stuck is simple: they rely on many days you bled, when the bleeding was heaviest, how often you memory. At the end of each month, it's hard to remember exactly how changed your pad, or just how exhausted you felt.

Over time, those details fade, making it difficult to notice pattens or explain your symptoms clearly to a healthcare provider.r

That's where this workbook comes in.

It gives you one place to track everything that matters—your flow, your energy, your sleep, your mood, your recovery, and the small changes that often go unnoticed.

Remember, this workbook is **not** a medical test or a diagnostic tool. It's simply a practical way to become more familiar with your own cycle so you can make informed decisions about your health.

By the end of the next 30 days, you'll have a much clearer picture of how your menstrual cycle affects your body and your daily life.

And that knowledge is powerful.

How to Use This Workbook

There's no right or wrong way to complete this workbook.

The goal isn't perfection.

The goal is consistency.

Each day, spend just two or three minutes filling in your tracker. Record what you experienced honestly, even if it seems unimportant. Small details often reveal the biggest patterns.

If you miss a day, don't worry. Simply continue where you left off. This isn't a test—it's a tool designed to help you understand your body better.

At the end of each week, complete the Weekly Check-In to reflect on what you've noticed. At the end of the month, review your progress and compare your experience with previous cycles.

The more consistently you track, the more valuable this workbook becomes.

Before You Begin

Fill in the information below before starting your first day.

Name: —----------

Month: —----------

Age: —----------

Average Cycle Length: —----------

First Day of Last Period: —----------

Average Number of Days You Bleed: —----------

Healthcare Provider (if applicable): —----------

Current Medications/Supplements: —----------

—----------

My Goal This Month

What would you like to achieve over the next 30 days?

☐ Understand my cycle better

☐ Track my symptoms consistently

☐ Improve my energy

☐ Reduce stress during my period

☐ Prepare for a doctor's appointment

☐ Learn my personal patterns

☐ Other:

—----------

My Promise to Myself

This month, I promise to listen to my body instead of ignoring it.

I will track my symptoms honestly.

I will celebrate small improvements.

I will ask for help when I need it.

I deserve answers.

I deserve good health.

I deserve to live fully.

Signature: —----------

Date: —----------

Daily Cycle Tracker

Day —--------

Date: —----------

Today's Flow

☐ None

☐ Spotting

☐ Light

☐ Moderate

☐ Heavy

☐ Very Heavy

Energy Level

Circle one.

1 2 3 4 5 6 7 8 9 10

1 = Completely exhausted 10 = Full of energy

Pain Level

Circle one.

1 2 3 4 5 6 7 8 9 10

1 = No pain 10 = Severe pain

—----------

Mood Today

☐ Happy

☐ Calm

☐ Tired

☐ Irritable

☐ Anxious

☐ Emotional

☐ Stressed

☐ Other: —----------

—----------

Did You Experience Any of These?

☐ Heavy bleeding

☐ Blood clots

☐ Cramps

☐ Back pain

☐ Headache

☐ Dizziness

☐ Nausea

☐ Fatigue

☐ Bloating

☐ None

Water Intake

☐ Less than 1 litre

☐ 1–2 litres

☐ More than 2 litres

Sleep Last Night

_____ Hours

Sleep Quality

☐ Poor

☐ Fair

☐ Good

☐ Excellent

Meals Today

☐ Breakfast

☐ Lunch

☐ Dinner

☐ Iron-rich foods

☐ Fruits & vegetables

Physical Activity

☐ Rest

☐ Stretching

☐ Walking

☐ Exercise

Duration: ——----------

Medication or Supplements

——----------

Notes

How did you feel today?

——----------

End of Week Check-In

(Complete after every 7 days.)

Looking Back

How would you describe this week?

☐ Excellent

☐ Good

☐ Fair

☐ Difficult

—----------

My Biggest Challenge

—----------

My Biggest Win

—----------

Did I Notice Any Patterns?

☐ My flow became heavier on certain days.

☐ I felt more tired than usual.

☐ My cramps improved.

☐ My sleep affected my energy.

☐ I noticed new symptoms.

☐ No clear pattern yet.

—----------

This Week I...

☐ Stayed hydrated

☐ Ate balanced meals

☐ Rested when needed

☐ Tracked my symptoms daily

☐ Asked for help when I needed it

—----------

Next Week I Want To...

—----------

My Monthly Review

At the end of your 30-day tracking, take a few minutes to reflect on your experience.

My Cycle at a Glance

First Day of My Period: —----------

Last Day of My Period: —----------

Total Number of Days: —----------

Heaviest Day: —----------

Lightest Day: —----------

Overall Flow

☐ Very Light

☐ Light

☐ Moderate

☐ Heavy

☐ Very Heavy

—----------

Overall Energy

Circle one.

1 2 3 4 5 6 7 8 9 10

—----------

Overall Pain

Circle one.

1 2 3 4 5 6 7 8 9 10

Looking Back

What surprised me most this month?

What symptoms happened most often?

What helped me feel better?

What do I want to discuss with my healthcare provider?

Looking Ahead

My Goals for Next Month

☐ Drink more water

☐ Improve my sleep

☐ Eat more iron-rich foods

☐ Exercise gently

☐ Track my symptoms daily

☐ Book a doctor's appointment

☐ Follow my treatment plan

☐ Other:

A Final Word

Every cycle teaches you something.

Some months will be easier than others, and that's okay. What matters most is that you're paying attention, learning your patterns, and giving yourself the care you deserve.

The more you understand your body, the easier it becomes to recognize changes, ask the right questions, and make informed decisions about your health.

Keep tracking. Keep listening. And remember—you deserve to live fully.