

Uterine Fibroid Study Daily Diary Instructions

Please complete the diary on the other side of this page every night before you go to bed.

General Instructions:

- Start using the diary on the Sunday after you receive it in the mail.
- Write month / day / (year is entered).
- Please circle whether you were sick or ok , whether you had hi, medium or lo energy, whether you were bleeding or not and write in the number of pads you used in the last 24 hours.

Specific Instructions:

1. Circle “sick” if you aren’t feeling well, otherwise circle “OK”. If you aren’t feeling well, please note the symptoms or illness on the notes section below.
2. Next, circle the best description of how you feel your energy level is. If you had little energy, circle “lo”; if you had medium energy, circle “med”; and if you were feeling highly energetic, circle “hi”.
3. If you have vaginal bleeding or spotting, please circle “yes”. Circle “no” if you do not have vaginal bleeding or spotting.
4. If you have vaginal bleeding, please write in the number of full-size pads and/or tampons you used that day. Please count a day as 24 hours. Put “0” if no full-size pads or tampons were used. Do not include panty-liners.
5. If you have any questions, please call toll free 1-800-948-7552, extension 127 and ask for the Fibroid Study Manager.

Date

Notes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date Last Menstrual Period Started: ____/____/96

Mo Day Yr

UFS

--	--	--	--

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96
Sickness?	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK
Energy	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi
Bleeding?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
# of pads or tampons?	_____	_____	_____	_____	_____	_____	_____
Date	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96
Sickness?	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK
Energy	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi
Bleeding?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
# of pads or tampons?	_____	_____	_____	_____	_____	_____	_____
Date	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96
Sickness?	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK
Energy	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi
Bleeding?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
# of pads or tampons?	_____	_____	_____	_____	_____	_____	_____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96
Sickness?	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK
Energy	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi
Bleeding?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
# of pads or tampons?	_____	_____	_____	_____	_____	_____	_____
Date	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96
Sickness?	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK
Energy	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi
Bleeding?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
# of pads or tampons?	_____	_____	_____	_____	_____	_____	_____
Date	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96
Sickness?	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK
Energy	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi
Bleeding?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
# of pads or tampons?	_____	_____	_____	_____	_____	_____	_____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96	____/____/96
Sickness?	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK	SICK OK
Energy	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi	lo med hi
Bleeding?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
# of pads or tampons?	_____	_____	_____	_____	_____	_____	_____

How many menstrual periods did you have during this time? _____

(Over)