

MENSTRUAL CYCLE RECORD

Day	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		
JAN																																	
FEB																																	
MAR																																	
APR																																	
MAY																																	
JUN																																	
JUL																																	
AUG																																	
SEP																																	
OCT																																	
NOV																																	
DEC																																	

S: Spotting

B: Bleeding

WARNING SIGNS AND CAUTIONS (ACHES)

Combined Oral Contraceptives (Pills), Combined Transdermal Contraceptives (Patch), Combined Vaginal Ring Contraceptives

You have chosen a combined hormone birth control method for your birth control. The following are warning signs of problems. Remember the word “ACHES”.

- A** - Abdominal (stomach) pain (severe) may mean a possible ruptured liver tumor, cyst, tubal pregnancy
- C** - Chest pain (sharp, crushing or heaviness) may mean possible heart attack; sudden shortness of breath, persistent cough or coughing up blood indicating possible blood clot in lungs
- H** - Headaches (sudden severe) or vomiting, dizziness or fainting, weakness or numbness in an arm or leg or disturbances of speech may mean a possible stroke
- E** - Eye problems (blurring vision, flashing lights or partial/complete loss of vision) may mean a possible clot in the eye or other blood flow problems
- S** - Sudden leg pain in calf or thigh or redness, heat or swelling in calf or thigh, may mean possible blood clots

If you experience any of these warning signs, call or see a health care provider as soon as possible.

Keep a record of your monthly periods on the other side.

Mark “S” for spotting or “B” for bleeding on each day you do one or the other. Bring your menstrual cycle record with you when you come to clinic or see your health care provider.

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