Notice changes. Keep a record.

A 30-day symptom diary and a place to prepare your questions. No account needed.

Start with what matters to you

Use this kit after starting or switching birth control, or whenever you want a clearer record. Write the symptoms you notice in your own words. You do not need to complete every box.

Choose a time to jot down the date, symptom, intensity and impact on your day. Add context you want to discuss, such as bleeding, sleep, other medicines or a late dose. Do not change how you take your medicine based on this worksheet.

Use the same intensity key each day

0 Not present **1** Mild **2** Moderate **3** Severe
This is a personal recording scale, not a clinical score. Describe the effect on daily life separately.

Fictional example

Day 4 / 12 May: Bloating | **Intensity:** 2
Impact: Uncomfortable during work.
Notes: Noticed after lunch. Want to ask whether it could be related to my method.

Bring observations, not a diagnosis

Symptoms can have different causes. A diary cannot show that birth control caused a symptom or tell you whether contraception is effective. Ask a clinician or pharmacist about concerns. The 30 days are space for notes, not a reason to wait before seeking care.

Your daily record | days 1-15

0 = not present 1 = mild 2 = moderate 3 = severe. Use another row for extra symptoms.

Day / date	Symptom	0-3	Impact / context / questions
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Context is optional. Note only details you want to keep. This diary stays on paper or on your device.

Your daily record | days 16-30

0 = not present 1 = mild 2 = moderate 3 = severe. Use another row for extra symptoms.

Day / date	Symptom	0-3	Impact / context / questions
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Context is optional. Note only details you want to keep. This diary stays on paper or on your device.

Make room for your questions

Bring this sheet and the diary if you choose. Leave any field blank if you prefer.

My method / brand, if known

When I started, switched or first noticed a change

Other medicines or supplements I want to discuss

My three main concerns or questions

Prompts you can use

Could anything else explain these symptoms?
What changes should I contact you about, and how soon?
Where can I find the correct instructions for my specific method?
When should we review how things are going?

Look back. Plan your next step.

Summarize what you observed. You do not need to identify a cause or a pattern.

What repeated or changed? Include dates if helpful.

What affected my daily life most?

What I want to remember after my appointment

Keep going in a way that works for you

Print another diary or explore Bloom for ongoing private tracking and birth-control reminders. Scan the code below for a fresh kit, related guides and information about the app.

More information: NHS: side effects and risks of hormonal contraception.
Bloom educational worksheet, October 2026. Not medical advice or a diagnostic tool.