

<b>Date</b>	<b>Medication Taken</b> (Misoprostol (M) Advil, Tylenol, etc...)	<b>Time medication was taken.</b> (If Applicable)	<b>BLEEDING AMOUNT</b> Heavier than period (H) Moderate/ like a period (M) Lighter (L) Spotting (S)	<b>PAIN LEVELS</b> (From 1-10)	<b>ANY OTHER SYMPTOMS</b> (For example: Nausea, Vomiting, Fever, Chills, Diarrhea, Headache, Fatigue)