PMS Symptom Chart

MONTH:				

Daily, please indicate the severity of symptoms as follows:

- 0 = None/Not applicable
- 1 = Mild, does not interfere with activities
- 2 = Moderate, interferes with activities but is not disabling
- 3 = Severe, disabling

Please record menstrual flow using the following descriptions if they apply:

H=heavy, M=medium, L=low, B=brown spotting

First day of cycle is first day of bleeding

DAY OF CYCLE	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	32	33 3	34 35
MENSTRUAL FLOW (H, M, L, B)		П	T	Т				T																			┪					
I feel depressed or hopeless																																
								\perp	1_																							
I feel tearful or cry easily		Н	+	+	L			+		-																	_	_	_	\dashv	-	_
I feel "on edge", angry, irritable, anxious or "wired"			#	t				t	t																					1	1	
I feel overwhelmed or out-of-control																																
		\sqcup	4																											1		
I have decreased interest in my usual activities		H	+	H			+		+	\vdash															_					+		+
I have difficulty concentrating			ļ	F				ļ																						1		
I feel easily fatigued; I lack energy			+	İ				1	I																							
I have food cravings (salt, foods high in sugar, chocolat	:e)		1																												1	
I have trouble sleeping or sleep more than usual			1					ļ																						1		
I have headaches			+		L																									\pm	1	#
I have breast tenderness			+																													
I have a sensation of bloating or temporary weight gain			+		-			+														\dashv					-	-		+	+	