PREMENSTRUAL SYMPTOM TRACKER

(DAILY RECORD OF SEVERITY OF PROBLEMS)

Name: Month:



INSTRUCTIONS

Print off as many copies as you need to complete a full two months worth of tracking. Begin tracking your premenstrual symptoms with this chart today. Fill it out daily (preferably at the end of your day). Two full months of menstrual cycle charting will allow for a more accurate assessment.

Each evening note the degree to which you experienced each of the problems listed below. Put an "x" in the box which corresponds to the severity:

Enter day of the week (e.g. Monday =	'M')																															
Note any spotting by entering																															_	
Note menstrual bleeding by entering	g 'M'		Ш																												L	
Date (i.e. 1 = 1st of the mo	nth)	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	3
1. Felt depressed, sad, "down,", or	6 5		-																													\vdash
"blue" or felt hopeless; or felt	4																															
worthless or guilty	3																														_	
	2																														\vdash	\vdash
• Felt anxious tense "keyed up" or	6																															
2. Felt anxious, tense, "keyed up" or "on edge"	5 4				-												-														\vdash	+
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	6		\vdash																												\vdash	┢
3. Had mood swings (i.e., suddenly	5																															
feeling sad or tearful) or was	4																															\perp
sensitive to rejection or feelings	2		\vdash																												\vdash	+
were easily hurt	1																															
4. Felt angry, or irritable	6																															$oxed{\Box}$
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5. Had less interest in usual activities	5																															_
(work, school, friends, hobbies)	4		\prod																												<u> </u>	\perp
	2		\vdash																													+
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6. Had difficulty concentrating	6		\square																												\vdash	\perp
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7. Felt lethargic, tired, or fatigued; or had lack of energy	5																															
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8. Had increased appetite or overate;	6 5																															
or had cravings for specific foods	4																															H
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9. Slept more, took naps, found it hard																																
to get up when intended; or had	3																															\vdash
trouble getting to sleep or staying asleep	2																															
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10. Felt overwhelmed or unable to cope;	6 5																														\vdash	\vdash
or felt out of control	4																															
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11. Had breast tenderness, breast	6																															
swelling, bloated sensation, weight	5																										\Box		\dashv		\vdash	
gain, headache, joint or muscle	3																\dashv				\dashv						\dashv		\dashv		\vdash	H
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routine, at least one of the problems	4																															
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At least one of the problems noted above caused avoidance of or less	5 4														<u> </u>														-		\vdash	-
participation in hobbies or social	3																															F
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At least one of the problems noted	6 5																															
above interfered with relationships	4																															
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Each evening note the dear blems listed below. Put an "x" in the box which corresponds to the severity:

1 - not at all **2 - minim** and **4 - moderate** 5 - seve strem

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