Name:

Month:



INSTRUCTIONS

SYMPTOMS

IMPACT

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:

1-not at all **2-minimal** 3-mild **4-moderate** 5-severe **6-extreme**

Enter day of the week (e.g. Monday = 'M') Note any spotting by entering 'S Note menstrual bleeding by entering 'M Date (i.e. 1 = 1st of the month)																																
		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
 Felt depressed, sad, "down,", or "blue" or felt hopeless; or felt worthless or guilty 	6 5 4 3 2																															
 Felt anxious, tense, "keyed up" or "on edge" 	6 5 4 3 2																															
 Had mood swings (i.e., suddenly feeling sad or tearful) or was sensitive to rejection or feelings were easily hurt 	6 5 4 3 2 1																															
4. Felt angry, or irritable	6 5 4 3 2 1																															
 Had less interest in usual activities (work, school, friends, hobbies) 	6 5 4 3 2																															
6. Had difficulty concentrating	6 5 4 3 2																															
 Felt lethargic, tired, or fatigued; or had lack of energy 	6 5 4 3 2																															
8. Had increased appetite or overate; or had cravings for specific foods	6 5 4 3 2																															
9. Slept more, took naps, found it hard to get up when intended; or had trouble getting to sleep or staying asleep	6 5 4 3 2																															
10. Felt overwhelmed or unable to cope; or felt out of control	6 5 4 3 2 1																															
11. Had breast tenderness, breast swelling, bloated sensation, weight gain, headache, joint or muscle pain, or other physical symptoms	6 5 4 3 2 1																															
At work, school, home, or in daily routine, at least one of the problems noted above caused reduction of production of efficiency	6 5 4 3 2 1																															
At least one of the problems noted above caused avoidance of or less participation in hobbies or social activities	6 5 4 3 2 1																															
At least one of the problems noted above interfered with relationships with others	6 5 4 3 2																															

<u>iapmd.org/steps-to-diagnosis</u> for more information on gaining a PMD diagnosis

2021 © International Association For Premenstrual Disorders Adapted from Jean Endicott, Ph.D. and Wilma Harrison, M.D, version