

NAME: _____

DOB: _____

Use this chart to track your PMS symptoms. In order to accurately assess your premenstrual symptoms, it is important for us to review the pattern of your symptoms over MONTHS. **Please complete charting for at least 2 months and provide this information to Chirag Shah, MD during next appointment.**

RATING SCALE: **Not at all = 0** **Mild = 1** **Moderate = 2** **Severe = 3**

1. Beginning tracking your premenstrual symptoms with this chart today, filling it out every day (preferably at the end of your day).
2. When you have menstrual bleeding, mark this with an "X" in the "Menses" column. When you have "spotting" (very light bleeding), mark this with an "S".
3. Every day, rate what you have experienced under ALL of the column headings. Do not look at your ratings from the previous day, (covering previous ratings with another piece of paper is helpful) so that you rate each day individually – do not rate your day's experience compared to yesterday or previous days.

MENSES (X or S) Date ___/___/_____																																Comments:	
Cycle day ⇨		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
S	tension, irritability, mood swings, or crying spells																																
	Anxiety																																
M	Depressed Mood																																
	Lack of Interest																																
P	Lack of energy																																
	Feeling tired																																
T	Having trouble sleeping																																
	Appetite: ↓ or ↑ or food cravings																																
O	Trouble concentrating																																
	Physical symptoms: bloating, breast tenderness, cramping, backache, hot flashes, nausea, diarrhoea, etc.																																

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