

PMDD symptom tracker:

Using the graph below, indicate the first and last days of your period, and indicate by placing an "X" in over the appropriate rating for each symptom.

Day of 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
menses																																
Sad or hopeless	Severe																															
	moderate																															
	mild																															
	none																															
Tense or nervous	Severe																															
	moderate																															
	mild																															
	none																															
Sudden changes in mood/tearfulness	Severe																															
	moderate																															
	mild																															
	none																															
Angry or cranky	Severe																															
	moderate																															
	mild																															
	none																															
Less interest in things	Severe																															
	moderate																															
	mild																															
	none																															
Unable to focus	Severe																															
	moderate																															
	mild																															
	none																															
Tired or low energy	Severe																															
	moderate																															
	mild																															
	none																															
Hungry all the time	Severe																															
	moderate																															
	mild																															
	none																															
Changes in the way I sleep	Severe																															
	moderate																															
	mild																															
	none																															
Things are too much for me	Severe																															
	moderate																															
	mild																															
	none																															
Bloating, joint pain, headaches, breast tenderness	Severe																															
	moderate																															
	mild																															
	none																															
Problems in personal life, work, school, etc	Severe																															
	moderate																															
	mild																															
	none																															
other	Severe																															
	moderate																															
	mild																															
	none																															

MONTH: _____	Name: _____
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