DAILY SYMPTOM RATING

UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER
PMS PROGRAM

NAME_____

Date (Mo/Day/Yr)																													
Check, if Menstruating																													
Study Medicine: # Pills Taken																													
Check if other Meds Taken - List on other side																													
0 = Not present at all	1 = Mild: only slightly apparent to you						2 = Moderate: aware of symptom: does not affect daily activity								3 = Severe: bothered by symptoms						4 = Very Severe: symptom at times interferes with relationships or activity								
Irritability, Persistent Anger																													
Difficulty Concentrating																													
Anxiety, Tension, "On Edge"																													
Headache																													
Feeling Hopeless, Worthless or Guilty																													
Poor Coordination																													
Feeling Out of Control, Overwhelmed																													
Decreased Interest in Usual Activities																													
Depression, Feeling Sad, Down or Blue																													
Craving Foods, Increased Appetite, Overeating																													
Mood Swings																													
Swelling, Bloating, Weight Gain																													
Cramps																													
Aches																													
Breast Tenderness																													
Insomnia or Hypersomnia																													
Fatigue, Lack of Energy																													

90856/6.06/5M/GG RC