

**“PMS” ASSESSMENT:**

NAME: .....

Today's Date: \_\_/\_\_/\_\_\_\_\_

This is a questionnaire that assists you to “quantify” your symptoms and effects from Pre-Menstrual Syndrome.

**The PMS checklist:** Think of how your last few menstrual cycles have been and tick inside the box which most closely corresponds to how you feel about each description in both the regularity and severity sections. (You will have two ticks in each row next to each description, one for the regularity and one for the severity.)

	<u>REGULARITY</u>					<u>SEVERITY</u>				
	Never	Rarely	Sometimes	Often	Always	None	Mild	Moderate	Severe	Unbearable
Breast engorgement and tenderness										
Abdominal bloating										
Constipation or diarrhea										
Acne										
Headache										
Alcohol intolerance										
Fluid retention										
Weight gain										
Clumsiness										
Nausea and vomiting										
Heart palpitation (rapid heartbeat)										
Depression										
Anxiety and panic attacks										
Office Use Only										

SAMPLE ONLY

	REGULARITY					SEVERITY				
	Never	Rarely	Sometimes	Often	Always	None	Mild	Moderate	Severe	Unbearable
Insomnia										
Change in sexual interest and desire										
Irritability										
Hostility and outbursts of anger										
Paranoia										
Increased appetite often with specific food cravings										
Delusions and hallucinations										
Mood swings										
Inability to concentrate and some memory loss										
Withdrawal from other people										
Confusion										
Lethargy and fatigue										
<b>Office Use Only</b>	0	1X _ =	2X _ =	3X _ =	4X _ =	0	1X _ =	2X _ =	3X _ =	4X _ =

**Office Use Only**

A) Regularity Total = \_\_\_\_\_ B) Severity Total = \_\_\_\_\_ C) Total = \_\_\_\_\_

A) & B): I = 0-20, II = 21-40, III = 41-60, IV = 61-80, V = 81-100; C) I = 0-40, II = 41-80, III = 81-120, IV = 121-160, V = 161-200.