

SAMPLE: Date - Tuesday, February 23 (First day of menstrual flow is Day 1 of cycle).

- Indicate symptom severity: O = No symptom, X = Moderate Symptoms & Black = Severe Symptoms.
- Indicate menstrual flow with "M" for heavy flow and "m" for light / moderate flow.
- Indicate overall mood of the day (scale 0-10) with 0 representing severe depression and 10 feeling fine.

Examples of PMS symptoms: abdominal bloating, acne, anxiety, backache, breast tenderness, clumsiness, crying, depression, dizziness, fainting, fatigue, fluid retention, food cravings, forgetfulness, headache, hostility, irritability, joint swelling, mental confusion, migraine, mood swings, tension.

Sample 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
Day/Date	T-23	W-24	T-25	F-26	S-27	S-28	M-1	T-2																							
Irritability	O	O	O	O	O	O	O	O	O	O	O	O	X	X		X	X	O	O	O	O	O	O	X	X				O	O	O
Headache	O	O	O	O	O	O	O	O	O	O	O	O	X			X	O	O	O	O	O	O	O	X					O	O	O
Fluid Retention	O	O	O	O	O	O	O	O	O	O	O	O	X			X	O	O	O	O	O	O	O	O					O	O	O
Menses	M	M	M	M	m																										
Overall Mood	10	10	10	10	10	10	10	10	10	10	10	10	8	5	3	5	8	8	8	8	7	7	6	4	4	4	3	2			

Month 1 / Day of Cycle	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
Day/Date																															
Irritability																															
Headache																															
Fluid Retention																															
Menses																															
Overall Mood																															

Month 2 / Day of Cycle	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
Day/Date																															
Irritability																															
Headache																															
Fluid Retention																															
Menses																															
Overall Mood																															

Month 3 / Day of Cycle	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
Day/Date																															
Irritability																															
Headache																															
Fluid Retention																															
Menses																															
Overall Mood																															

Helpful Hint:: Since it is important you keep this record on a daily basis, post it (and a pencil) next to your toothbrush and fill it in each evening as you brush your teeth.