

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## PMS SYMPTOMS CHECKLIST

Circle 0 when symptoms are absent, 1 mild, 2 moderate, 3 severe or 4 extreme.

Absence from work/school .....	0	1	2	3	4
Abuse (verbal or physical) .....	0	1	2	3	4
Acne .....	0	1	2	3	4
Aggression .....	0	1	2	3	4
Alcohol (decreased tolerance).....	0	1	2	3	4
Alcohol (increased consumption) .....	0	1	2	3	4
Allergies .....	0	1	2	3	4
Anger.....	0	1	2	3	4
Anxiety.....	0	1	2	3	4
Apathy.....	0	1	2	3	4
Appetite decrease .....	0	1	2	3	4
Arthritic-type pain.....	0	1	2	3	4
Asthma .....	0	1	2	3	4
Avoidance of social activities .....	0	1	2	3	4
Backache .....	0	1	2	3	4
Binges .....	0	1	2	3	4
Bloating.....	0	1	2	3	4
Breasts (swollen or tender) .....	0	1	2	3	4
Breathlessness or suffocation.....	0	1	2	3	4
Bruises easily .....	0	1	2	3	4
Circulatory problems .....	0	1	2	3	4
Cold sores.....	0	1	2	3	4
Confusion.....	0	1	2	3	4
Constipation .....	0	1	2	3	4
Cravings for salt.....	0	1	2	3	4
Cravings for sweets.....	0	1	2	3	4
Crying .....	0	1	2	3	4
Deodorant "failure" .....	0	1	2	3	4
Depression.....	0	1	2	3	4
Diarrhea.....	0	1	2	3	4
Disorientation.....	0	1	2	3	4
Dizziness .....	0	1	2	3	4
Drug abuse .....	0	1	2	3	4
Epileptic seizures .....	0	1	2	3	4
Excitability .....	0	1	2	3	4
Eye infections.....	0	1	2	3	4
Facial swelling .....	0	1	2	3	4

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Fainting .....	0	1	2	3	4
Fatigue or lethargy .....	0	1	2	3	4
Genital herpes flare-ups .....	0	1	2	3	4
Glaucoma .....	0	1	2	3	4
Guilt feelings.....	0	1	2	3	4
Headaches (migraine) .....	0	1	2	3	4
Headaches (tension).....	0	1	2	3	4
Heart pounding or irregularity .....	0	1	2	3	4
Hives .....	0	1	2	3	4
Hoarseness .....	0	1	2	3	4
Hot flashes or cold sweats.....	0	1	2	3	4
Hypoglycemia (low blood sugar).....	0	1	2	3	4
Increased energy .....	0	1	2	3	4
Increased need for religion.....	0	1	2	3	4
Increased need to sleep .....	0	1	2	3	4
Increased sensitivity to light .....	0	1	2	3	4
Increased sensitivity to sound .....	0	1	2	3	4
Indecision.....	0	1	2	3	4
Intentional self-injury.....	0	1	2	3	4
Irritability .....	0	1	2	3	4
Irrationality .....	0	1	2	3	4
Joint pains .....	0	1	2	3	4
Leg heaviness.....	0	1	2	3	4
Loneliness .....	0	1	2	3	4
Loss of control (or fear of) .....	0	1	2	3	4
Mood swings.....	0	1	2	3	4
Muscle stiffness .....	0	1	2	3	4
Nausea or vomiting.....	0	1	2	3	4
Orderliness attack.....	0	1	2	3	4
Ovarian pain (sharp and one-sided) .....	0	1	2	3	4
Panic attacks.....	0	1	2	3	4
Paranoia or suspicion .....	0	1	2	3	4
Poor judgment.....	0	1	2	3	4
Poor coordination.....	0	1	2	3	4
Poor concentration .....	0	1	2	3	4
Restlessness.....	0	1	2	3	4
Ringings in ears .....	0	1	2	3	4
Self-confidence (lack of) .....	0	1	2	3	4
Self-esteem (lack of) .....	0	1	2	3	4
Sex drive (increase or decrease) .....	0	1	2	3	4
Shakiness.....	0	1	2	3	4
Sinus problems.....	0	1	2	3	4
Sleep disturbance .....	0	1	2	3	4
Sore throat.....	0	1	2	3	4
Spotting.....	0	1	2	3	4
Suicidal thoughts.....	0	1	2	3	4

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Swollen hands, feet, ankles.....0	1	2	3	4
Tension.....0	1	2	3	4
Thirst.....0	1	2	3	4
Tingling hands or feet.....0	1	2	3	4
Urge to hit or throw.....0	1	2	3	4
Urination (increased or decreased) .....0	1	2	3	4
Vaginal itching.....0	1	2	3	4
Varicose vein difficulties .....0	1	2	3	4
Vision difficulties.....0	1	2	3	4
Weight gain.....0	1	2	3	4
Withdrawal from others .....0	1	2	3	4

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