DAILY RECORD OF SEVERITY OF PROBLEMS

| Please print and | use as many | sheets as | you need for | or at |
|------------------|----------------|-----------|--------------|-------|
| least two FULL m | onths of ratin | igs. | • | |

| Name or Initials | |
|------------------|--|
| Month/Year | |

Each evening note the degree to which you experienced each of the problems listed below. Put an "x" in the box which corresponds to the severity: 1 - not at all, 2 - minimal, 3 - mild, 4 - moderate, 5 - severe, 6 - extreme.

| Enter day (Monday="M", Thursday="R", etc) | > | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Note spotting by entering "S" | > | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note menses by entering "M" | > | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Begin rating on correct calendar day | | 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 |
| Felt depressed, sad, "down,", or "blue" or felt hopeless; or felt worthless or guilty | 5 4 3 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Felt anxious, tense, "keyed up" or "on edge" | 6 5 4 3 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Had mood swings (i.e., suddenly feeling sad or tearful) or was sensitive to rejection or feelings were easily hurt | 6 5 4 3 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Felt angry, or irritable | 5 4 3 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Had less interest in usual activities (work, school, friends, hobbies) | 6 5 4 3 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Had difficulty concentrating | 5 4 3 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Felt lethargic, tired, or fatigued; or had lack of energy | 6 5 4 3 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Had increased appetite or overate; or had cravings for specific foods | 6 5 4 3 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Slept more, took naps, found it hard to get up when intended; or had trouble getting to sleep or staying asleep | 6 5 4 3 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Felt overwhelmed or unable to cope; or felt out of control | 6 5 4 3 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Had breast tenderness, breast swelling, bloated sensation, weight gain, headache, joint or muscle pain, or other physical symptoms | 6 5 4 3 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| At work, school, home, or in daily routine, at least one of the problems noted above caused reduction of productivity or inefficiency | 6 5 4 3 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| At least one of the problems noted above caused avoidance of or less participation in hobbies or social activities | 5 4 3 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| At least one of the problems noted above interfered with relationships with others | 6 5 4 3 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |