

Premenstrual Assessment Form

Name: _____

Date: _____

For each of the symptoms below, circle the number that most closely describes the intensity of your premenstrual symptoms during your last cycle. Please rate these symptoms during the premenstrual phase of your cycle, which begins about seven days before the 1st day of your period and ends around the time your period starts.

Rate each item on this list on a scale from 1 (not present or no change from usual) to 6 (extreme change, perhaps noticeable even to casual acquaintances).

| | 1=No change | | | Extreme change=6 | | |
|--|-------------|---|---|------------------|---|---|
| 1. Pain, tenderness, enlargement or swelling of breasts | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Feeling unable to cope or overwhelmed by ordinary demands | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Feeling under stress | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Outburst of irritability or bad temper | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Feeling sad or blue | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Backaches, joint and muscle pain, or joint stiffness | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Weight gain | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Relatively steady abdominal heaviness, discomfort or pain | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Edema, swelling, puffiness, or water retention | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Feeling bloated | 1 | 2 | 3 | 4 | 5 | 6 |

➔ Please include any additional comments or symptoms here and rate them from 1 – 6:

Total Score _____