DAILY RECORD OF SEVERITY OF PROBLEMS

Please print and use as many sheets as you need for at least two FULL months of ratings.

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.

		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
Enter day (Monday="M", Thursday="R", etc) >																																
Note spotting by entering "S" >																																
Note menses by entering "M" >																																
Begin rating on correct calendar day >																																
1 Felt depressed, sad, "down,", or "blue" or felt hopeless; or felt worthless or guilty	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
2 Felt anxious, tense, "keyed up" or "on edge"	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
3 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																															
4 Felt angry, or irritable	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
5 Had less interest in usual activities (work, school, friends, hobbies)	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
6 Had difficulty concentrating	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
7 Felt lethargic, tired, or fatigued; or had lack of energy	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
8 Had increased appetite or overate; or had cravings for specific foods	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
9 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																															
10 Felt overwhelmed or unable to cope; or felt out of control	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
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	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
At least one of the problems noted above interfered with relationships with others	6																															
	5																															
	4																															
	3																															
	2																															
	1																															

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