

# MENSTRUAL SYMPTOM QUESTIONNAIRE

Date: \_\_\_\_\_  
Chart #: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_  
 Marital Status:  Single  Married  Divorced  Widowed Present Contraception:  None  Pill  I.D.  Other  
 History of Taking Contraceptive Pills:  Yes  No If YES, months ago: \_\_\_\_\_ For how long \_\_\_\_\_ months  
 Your last period started \_\_\_\_\_ (Date) Your last period lasted \_\_\_\_\_ days. Your last menstrual cycle was \_\_\_\_\_ days long.  
 Your last period was  Light  Moderate  Heavy Number of Pregnancies \_\_\_\_\_ Children \_\_\_\_\_  
 Occupation: \_\_\_\_\_

## Grading of Symptoms

- 1 none.
- 2 mild-present but does not interfere with activities.
- 3 moderate-present and interferes with activities but not disabling.
- 4 severe disabling (unable to function)

## Grade Your Symptoms for Last Menstrual Cycle Only

Symptoms	Week After Period	Week Before Period
PMT-A Nervous tension Mood Swings Irritability Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Total	<input type="checkbox"/>	<input type="checkbox"/>
PMT-H Weight gain Swelling of extremities Breast tenderness Abdominal bloating	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Total	<input type="checkbox"/>	<input type="checkbox"/>
PMT-C Headache Craving for sweets Increased appetite Heart pounding Fatigue Dizziness or fainting	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Total	<input type="checkbox"/>	<input type="checkbox"/>
PMT-D Depression Forgetfulness Crying Confusion Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Total	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL MSQ SCORE</b>	<input type="checkbox"/>	<input type="checkbox"/>

## OTHER SYMPTOMS

Oily skin    
Acne

## DURING FIRST TWO DAYS OF PERIODS

Menstrual cramps   
Menstrual backache

From: Abraham G.E.: Nutritional Factors in the Etiology of the Premenstrual Tension Syndromes. J. Reprod. Med. 28:446-464., 1983

# MENSTRUAL SYMPTOM DIARY

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

### GRADING OF MENSES

- |            |                   |
|------------|-------------------|
| 0-none     | 3-heavy           |
| 1-slight   | 4-heavy and clots |
| 2-moderate |                   |

### GRADING OF SYMPTOMS (COMPLAINTS)

- |        |   |
|--------|---|
| 0-none | 1-mild-present but does not interfere with activities               |
|        | 2-moderate-present and interferes with activities but not disabling |
|        | 3-severe-disabling; unable to function                              |

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	32	33	34	35	36				
Date																																								
Menses																																								

#### PMT-A

Nervous tension																																								
Mood swings																																								
Irritability																																								
Anxiety																																								

#### PMT-H

Weight gain																																								
Swelling of extremities																																								
Breast tenderness																																								
Abdominal bloating																																								

#### PMT-C

Headache																																								
Craving for sweets																																								
Increased appetite																																								
Heart pounding																																								
Fatigue																																								
Dizziness or faintness																																								

#### PMT-D

Depression																																								
Forgetfulness																																								
Crying																																								
Confusion																																								
Insomnia																																								

#### DYSMENORRHEA--PAIN

Cramps																																							
Backache																																							
General aches/pain																																							

Basal weight in lbs.																																							
Basal body temperature																																							

#### NOTES:

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