Premenstrual Daily Symptom Diary																															
					P	ren	nei	nst	rua	al C)ai	ly s	Syr	np	tor	n [)ia	ry													
lame:															Month:																
Write the date in the first row,			-			-				-		-																			
Each day, rate the severity of y	/our	r syr	npt	.om	s: 1	= r	10 5	sym	pto	ms;	2 =	= mi	ild s	ym	ptoı	ms;	3 =	= m	ode	rate	e sy	mpt	tom	ıs; 4	ļ = :	seve	ere :	sym	ıpto	ms.	
Date					П																										
Day of the month	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
Irritability or tension																													\prod		
Anger or short temper																															
Anxiety or nervousness																															
Depression or sadness																															
Crying or tearfulness																															
Relationship problems																															
Tiredness or lack of energy																															
Insomnia																															
Changes in sexual interest				L																											
Food cravings or overeating				L																							L				
Difficulty concentrating			L	L																							L				
Feeling overwhelmed			L	L																											
Headaches	L		L	L						L			L											<u></u>							
Breast tenderness or swelling	L																														
Back pain			<u></u>	L																											
Abdominal pain	L			L				L	L				L		L					L				L			L				
Muscle and joint pain	L			L					L				L		L					L							L				
Weight gain			L	L											L												L				
Nausea	L		$oxed{oxed}$	L											L					L							L				
Other (please specify)																															
Other (please specify)																															

FIGURE 2. Premenstrual daily symptom diary.