Daily Record of Severity of Problems

Day of menstrual cycle (day 1 should be the start of the menstrual period)

Symptoms	**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**
Felt depressed, sad, down, or blue																																			
Felt hopeless																																			
Felt worthless or guilty																																			
Felt anxious, tense, keyed up, or on edge																																			
Had mood swings (e.g., suddenly felt sad or tearful)																																			
Was more sensitive to rejection or feelings were more easily hurt																																			
Felt angry, irritable																																			
Had conflicts or problems with people																																			
Had less interest in usual activities (e.g., work, school, friends, hobbies)																																			
Had difficulty concentrating																																			
Felt lethargic, tired, fatigued, or had a lack of energy																																			
Had increased appetite or overate																																			
Had cravings for specific foods																																			
Slept more, took naps, found it hard to get up when intended																																			
Had trouble getting to sleep or staying asleep																																			
Felt overwhelmed or that I could not cope																																			
Felt out of control																																			
Had breast tenderness																																			
Had breast swelling, felt bloated, or had weight gain																																			
Had headache																																			
Had joint or muscle pain																																			
At work, school, home, or in daily routine, at least one of the problems noted above caused reduced productivity or inefficiency																																			
At least one of the problems noted above interfered with hobbies or social activities (e.g., avoided or did less)																																			
At least one of the problems noted above interfered with relationships with others																																			
Menstrual flow: H = heavy, M = medium, L = light or spotting; leave blank for no bleeding																																			
Totals																																			

Directions:

Record the score for each item on each day using the following scale of 1 to 6: 1=not at all, 2=minimal, 3=mild, 4=moderate, 5=severe, 6=extreme.

Add the scores in the column for the first day of menses. If the total score is less than 50, consider a diagnosis other than premenstrual syndrome. If the total score is greater than 50, record two cycles of symptoms. If more than three items have an average score of more than 3 (mild) during the luteal phase, add the scores of five-day intervals during the luteal and follicular phases. A luteal phase score that is 30 percent greater than the follicular phase score indicates a diagnosis of premenstrual syndrome.

Figure 1. Daily scoring sheet for patients to track symptoms related to premenstrual syndrome and premenstrual dysphoric disorder.

Adapted with permission from Endicott J, Nee J, Harrison W. Daily Record of Severity of Problems (DRSP): reliability and validity. Arch Womens Ment Health. *Springer-Verlag, Wein. 2006;9(1):43.*