SAMPLE: Date - Tuesday, February 23 (First day of menstrual flow is Day 1 of cycle). Indicate symptom severity by filling in circle: O No symptom, **O** Moderate, **O** Severe. Indicate menstrual flow with 'M' for heavy flow and 'm' for light/moderate flow. Indicate overall mood of the day (scale 0-10): 0 representing severe depression and 10 feeling fine.

Examples of PMS symptoms: abdominal bloating, acne, anxiety, backache, breast tenderness, clumsiness, crying, depression, dizziness, fainting, fatigue, fluid retention, food cravings, forgetfulness, headache, hostility, irritability, joint swelling, mental confusion, mood swings, tension.

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Headache Elid Balantina	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				•		0	0	0
Fluid Retention	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0) () (•	•	•	0	0	0
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Helpful hint: Since it is important you keep this record on a daily basis, post it (and a pencil) next to your toothbrush and fill it in each evening as you brush your teeth.