Premenstrual Dysphoric Disorder (PMDD) tracker

The goal of filling in this tracker is to see if there is a pattern to your symptoms.

Month:																													
Day	**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**
Anxious																															
Tearful																															
*Brain fog**																															
Rage																															
Low energy																															
Not functioning as well as normal																															
Suicidal thoughts																															
Other																															

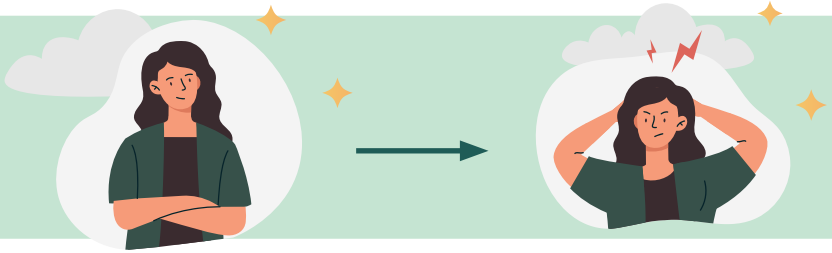
*Note: Brain fog refers to brain symptoms such as forgetfulness, losing train of thought, using the wrong word, mental exhaustion etc.

Rating scale

Rate your symptoms from **1 to 5** where

1 = no impact on me today

5 = I cannot function with this symptom



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