## PMDD Test

| Name:Eva Hartley |  | DoB:October 28, 1995 | Age:27 |
| :--- | :--- | :--- | :--- |
| Gender:Female | Date:May 8, 2023 | Physician's Name:Dr Maggie Surwillo |  |

## Diet and Lifestyle

Guide Questions: Do you drink alcoholic beverages, smoke, or are overweight? Please briefly describe your diet and lifestyle the food you eat, how often you exercise, how you manage stress, etc.
I am bordering on overweight. I try to eat healthy most of the time. I only exercise 4 times a week. Less, when I have to work overtime. I manage stress by eating sweets or having a glass of wine or two.

## Medical History

Guide Questions: Does your family have a history of PMS or PMDD? Do you or your family have a history of mood disorders/ mental health problems like depression, or postpartum depression?
My older sister occasionally experiences PMS symptoms however she hasn't been diagnosed by a doctor.

Have you taken a physical exam (including a pelvic exam)?
Have you done other tests that check your thyroid levels, blood, estrogen/progesterone levels,

| $\square \mathrm{Yes}$ | $\square \mathrm{No}$ |
| :--- | :--- |
| $\square \mathrm{Yes}$ | $\square \mathrm{No}$ | Other:

Any other diagnoses/conditions/concerns you think we should know about?
None.

## Personal Strengths

$\square$ Depressed moodAnxiety
$\checkmark$ Irritability
$\square$ Trouble
$\square$ Sleeping/InsomniaHypersomnia
$\square$ Difficulty concentrating
$\square$ Other:

| $\square$ Nervousness | $\square$ Food cravings |
| :--- | :--- |
| $\square$ Mood swings | $\square$ A feeling of a lack of control |
| $\square$ Poor coordination | $\square$ Headaches |
| $\square$ Severe fatigue | $\square$ Swelling |
| $\square$ Forgetful | $\square$ Anger |
| $\square$ Aches | $\square$ Cramps |
| $\square$ Breast tenderness | $\square$ Confusion |

$\square$

## Symptom Chart

Start Date (First Day of Menses): March 8, 2023 $\qquad$ End Date: April 7, 2023

## Symptom Scoring:

1 Minimal; Slightly apparent
2 Mild; Aware of symptoms but doesn't affect daily routine
3 Moderate; Bothered by symptoms/interferes with your daily routine
4 Severe; Overwhelming symptoms/unable to carry out daily routine
Instructions: Write down the symptoms you're experiencing - you may refer to the checklist you answered - and score them daily according to the Symptom Scoring table above.

| Symptoms | Days |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Irritability | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 1 | 1 |
| Difficulty Concentrating | 3 | 2 | 2 | 3 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 3 | 2 | 1 | 1 |
| Nervousness | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 3 | 1 | 3 | 3 | 3 | 4 | 3 | 1 |
| Severe Fatigue | 4 | 3 | 2 | 3 | 2 | 2 | 4 | 2 | 1 | 2 | 2 | 4 | 3 | 2 | 1 |
| Forgetful | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 1 | 2 | 1 | 1 |
| Food Cravings | 3 | 3 | 2 | 3 | 2 | 2 | 3 | 1 | 1 | 2 | 2 | 3 | 3 | 2 | 1 |
| A feeling of a lack of control | 4 | 4 | 4 | 4 | 3 | 3 | 4 | 3 | 2 | 3 | 3 | 4 | 3 | 3 | 2 |
| Anger | 3 | 2 | 1 | 3 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 |
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|  |  |  |  |  |  |  |  | Days |  |  |  |  |  |  |  |
| Symptoms | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Irritability | 1 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 2 |
| Difficulty Concentrating | 1 | 3 | 1 | 3 | 2 | 1 | 2 | 1 | 3 | 2 | 2 | 2 | 1 | 1 | 1 |
| Nervousness | 1 | 3 | 2 | 3 | 3 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 3 |
| Severe Fatigue | 1 | 4 | 2 | 4 | 2 | 2 | 3 | 2 | 3 | 2 | 2 | 2 | 1 | 2 | 2 |
| Forgetful | 2 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 2 |
| Food Cravings | 1 | 3 | 2 | 3 | 2 | 1 | 3 | 3 | 3 | 3 | 2 | 2 | 1 | 1 | 2 |
| A feeling of a lack of control | 1 | 4 | 3 | 4 | 3 | 2 | 4 | 3 | 4 | 3 | 3 | 3 | 2 | 3 | 3 |
| Anger | 1 | 3 | 2 | 3 | 2 | 1 | 3 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 1 |
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