

Premenstrual Dysphoric Disorder DSM-5

Patient Information

Name:

Gender: Male Female Other:

Date of Birth:

Date of Assessment:

Medical Record Number:

Diagnostic Criteria for Premenstrual Dysphoric Disorder (PMDD) according to DSM-5

A. In the majority of menstrual cycles, at least five of the following symptoms must be present in the final week before the onset of menses, start to improve within a few days after the onset of menses, and become minimal or absent in the week post-menses:

- Marked affective lability (e.g., mood swings, sadness or tearfulness, increased sensitivity to rejection).
- Marked irritability or anger or increased interpersonal conflicts.
- Marked depressed mood, feelings of hopelessness, or self-deprecating thoughts.
- Marked anxiety, tension, and/or feelings of being keyed up or on edge.
- Decreased interest in usual activities (e.g., work, school, friends, hobbies).
- Subjective sense of difficulty in concentrating.
- Lethargy, easy fatigability, or marked lack of energy.
- Marked change in appetite, overeating, or specific food cravings.
- Hypersomnia or insomnia.
- A sense of being overwhelmed or out of control.
- Physical symptoms include breast tenderness or swelling, joint or muscle pain, a sensation of "bloating", and weight gain.

B. The symptoms are associated with significant distress or interference with work, school, usual activities, or relationships.

C. The disturbance is not merely an exacerbation of the symptoms of another disorder, such as major depressive disorder, panic disorder, persistent depressive disorder (dysthymia), or a personality disorder (although it may co-occur with these disorders).

D. Prospective daily ratings should confirm Criterion A during at least two symptomatic cycles.

Other Clinical Observations

History of Presenting Complaint:

Past Medical History:

Medications:

Menstrual History:

Psychosocial History:

Physical Examination Findings:

Laboratory Investigations:

Assessment and Plan

Assessment:

Plan:

Follow-up Plan

Date of Follow-up:

Objective for Follow-up:

Patient Education

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Provider Signature:

Date Signed: