*Name or Initials:*_____ **McMaster Premenstrual and Mood Symptom Scale (MAC-PMSS)** *Month/Year:*_____

1. Please fill out this form once a day starting the day you received it. Please mark "x" alongside the level of severity which corresponds to your mood symptoms. If you have manic and depressive symptoms on the same day you may mark both.

			Day of Month	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
Mania	Severe	Disruptive behaviour; completely incapacitated, hospitalized																																
	Moderate-High	Unable to focus, significant impairment in goal-directed activity, impulsive behaviour																																
	Moderate-Low	Unusually energetic, less productive, noticeable impairment																																
	Mild	Elevated mood, more energized & little or no functional impairment																																
Stable (I feel fine)																																		
Depression	Mild	Minimal or transient depression with little or no functional impairment																																
	Moderate-Low	Persistent low mood, less productive, noticeable impairment																																
	Moderate-High	Pervasive low mood, significant impairment in goal directed activity, unable to cope, passive/ fleeting suicidal thoughts																																
	Severe	Completely incapacitated or hospitalized																																

2. Record the severity of your symptoms according to the following scale: 1- not at all, 2- minimal, 3- mild, 4- moderate, 5- severe, 6- extreme.

Emotional lability (sudden mood changes or increased sensitivity to rejection)																																	
Anger, irritability or interpersonal conflicts																																	
Depressed mood, feelings of hopelessness or self-depreciating thoughts																																	
Anxiety, tension, feelings of being keyed up or on edge																																	
Less interest in usual activities (work, school, friends/loved ones, hobbies)																																	
Difficulty concentrating																																	
Lethargic, tired, fatigued; low energy																																	
Marked change in appetite (more or less)																																	
Slept significantly more or less than usual																																	
Feeling more overwhelmed or out of control than usual																																	
Physical symptoms such as breast tenderness or swelling, joint or muscle pain, sensation of "bloating" or weight gain																																	
Please indicate (S) if you are spotting or (B) if you are bleeding →																																	
Day of Month	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		
Total hours slept previous night																																	
Life Events (Including alcohol/drug use)																																	