

NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES,  
BANGALORE

**Scale for assessment of premenstrual changes and experiences**

Name: .....Date.....  
Age:..... Marital status: Single / Married.....  
Education:.....Religion.....  
Occupation.....Family Type: Joint/Nuclear.....  
Birth Order: (Write your order amongst your brothers and sisters/total number of brothers and sisters) .....

**Please indicate how you are feeling today as regarding the following items by a number between 0 (absent to 100 (very severe)**

<i>Item</i>	<i>Feeling (0-100)</i>
Increase in appetite	.....
Swelling in feet	.....
Feeling tired	.....
Tense or restless	.....
Sleepy more than usual	.....
Feeling sad or hopeless	.....
Increased sexual desire	.....
Feeling energetic	.....
Feeling happy, joyful	.....
Loss of appetite	.....
Working more and better	.....
Feeling angry easily	.....
Feeling excited	.....
Difficulty in concentration	.....
Craving for certain food	.....
Sleeping less	.....
Feeling sudden mood changes	.....
Feeling less efficient than usual	.....
Feeling like not mixing	.....
Aches and pains	.....

Please answer the following:-

- (1) Do you have any physical illness at present? Yes/No, If yes, what is it?
- (2) Any medications at present
- (3) At what age did you get your **first periods**?
- (4) Do you think your periods are **regular or irregular**?
- (5) Have you consulted a gynecologist in the last one year? Yes/No. If yes, for what
- (6) Do you use Oral Pills (for contraception)? Yes/No
- (7) When did you have your last periods? (Date)
- (8) Do you have children? Yes/No/Not applicable
- (9) Do you think you have problems with your periods? Yes/No
- (10) Do you think you have premenstrual tension? Yes/No

**Scale for assessment of premenstrual changes and experiences -  
Inventory**

Name: .....Date:.....

Age:.....

Here is a list of changes which have been reported by women during few days before their menstrual period. Different women have different experiences, and there is no right or wrong experience. These can happen at other times also, but please note that we would like to know if these happen only during few days just before periods. Do you experience any of the following, during your premenstrual period, i.e. about 5 days prior to our periods.

**Please indicate by encircling the number of item, if it happens to you during your pre menstrual periods, i.e. about 5 days prior to our periods :**

1. I feel weepy, I cry easily.
2. I feel restless, I am not able to sit still.
3. I feel tensed or apprehensive.
4. I tend to lose my temper easily
5. I feel people are teasing me.
6. I feel easily irritated.
7. I get sudden mood swings.
8. I make mistakes at work.
9. I am forgetful.
10. I feel my efficiency is less
11. I cannot decide on things, I am unable to make up my mind
12. I feel people make comments about me or making digs at me.
13. I cry at small things and suddenly burst into tears.
14. I feel upset if somebody ignores me, I feel left out.
15. I am over sensitive and over react to even small slights.
16. At times, I think of ending my life.
17. I feel an increase in my body weight.
18. I get headaches.
19. I get loose motions.
20. I have joint and muscle pains and aches.
21. I get backache.
22. My sexual desire is reduced.
23. I do not sleep well.
24. I get easily fatigued.
25. My appetite is reduced.
26. I crave for certain food items
27. I sleep too much
28. I feel very lethargic and very lazy
29. I feel very agitated
30. I get stomach ache
31. I have increased sexual desire
32. I feel sick (nausea)
33. My breasts ache
34. I get palpitations
35. I sweat a lot
36. I get hot and cold flushes
37. I feel constipated
38. I am clumsy and things drop from my hand
39. I feel dizzy
40. I get tremors
41. I get tingling and numb sensations
42. I feel bloated up
43. At times, I wish I were dead
44. I go frequently to the toilet for micturition
45. I get swelling in my feet
46. My breasts get engorged
47. I pass a lot of white discharge

48. There is a decrease in my micturition
49. I get acne
50. I get a burning sensation in my private parts.
51. My hair and skin feels oily or greasy
52. I feel feverish
53. My hair feels dry
54. My efficiency in general is reduced
55. My skin becomes rough
56. I notice a change in my complexion
57. I have no motivation to do anything
58. My skin becomes soft and smooth
59. I have no desire to do my work
60. I cannot control myself. I have a poor impulse control.
61. I feel very aggressive
62. I feel hostile towards some people
63. I have to abstain from college during my premenstrual period
64. The above feelings prevent me from going out, mixing with others, doing household chores etc.
65. The above feelings are intolerable
66. My last menstrual period was on ..... (date)

ARE THESE FEATURES CONTINUOUS OR FLUCTUATING?  
HOW LONG DO THESE CHANGES LAST? ..... days

(Any other experiences you have during your premenstrual period which has not been mentioned above, please write.)

**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES,  
BANGALORE, DEPARTMENT OF PSYCHIATRY**

**Scale for assessment of premenstrual changes and experiences**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Women have different experiences a few days before their menstrual periods. Please indicate if you have experiences any of the following during 5 days before the onset of your period. Please rate your experiences by a number between 0 (absent) and 100 (very severe). Also indicate how you feel at times other than these 5 days before periods and the menstrual period.

**CHANGES**

**During 5 days  
Before periods**

**At other times**

- |                                       |       |       |
|---------------------------------------|-------|-------|
| 1. Increase in appetite               | ..... | ..... |
| 2. Swelling of feet, body             | ..... | ..... |
| 3. Getting tired easily               | ..... | ..... |
| 4. Tense, restless                    | ..... | ..... |
| 5. Feeling happy, joyful              | ..... | ..... |
| 6. Sleeping more                      | ..... | ..... |
| 7. Feeling sad, hopeless              | ..... | ..... |
| 8. Increase in sexual desire          | ..... | ..... |
| 9. Feeling energetic                  | ..... | ..... |
| 10. Decrease in appetite              | ..... | ..... |
| 11. Working more and better           | ..... | ..... |
| 12. Getting angry easily              | ..... | ..... |
| 13. Feeling excited                   | ..... | ..... |
| 14. Difficulty in concentration       | ..... | ..... |
| 15. Craving for special foods         | ..... | ..... |
| 16. Sleeping less sudden mood changes | ..... | ..... |
| 17. Sudden mood changes               | ..... | ..... |

My usual social activities suffer during my premenstrual period due to the above experiences.

(1) Not at all, (2) To a certain extent; (3) To a great extent

The above experiences during the premenstrual period interfere with my work (at home or workplace)

(1) To a great extent; (2) Not at all; (3) To some extent

My interactions with other people like friends or relatives are disturbed by the changes during my premenstrual period.

(1) To some extent; (2) To a great extent; (3) Not at all.

I think I have premenstrual tension

(1) Yes; (2) No; (3) May be; (4) Don't know

My last menstrual period was on (date) \_\_\_\_\_

## Scale for assessment of premenstrual changes and experiences

### ASSESSMENT OF PREMENSTRUAL CHANGES

This form is for assessment of changes during the premenstrual period. There is nothing right or wrong and each woman may have a different experience. The information given will be treated as strictly confidential.

The following is a list of changes which women feel during the premenstrual phase (5 days before and 1 day after the onset of period). Please indicate if you experience any of these in the premenstrual period and how much change do you feel on a scale from 0 to 100. Also indicate if you experience these during the rest of your menstrual cycle, also in a scale of 0 to 100. i.e., at a time other than 5 days before periods and 1 day after onset of flow.

	<u>Premenstrual Period</u>	<u>Rest of the cycle</u>
1. Increased work performance	_____	_____
2. Excitement	_____	_____
3. Feeling sad, or depressed	_____	_____
4. Being oversensitive	_____	_____
5. Increased sexual desire	_____	_____
6. Getting angry easily	_____	_____
7. Sense of losing control	_____	_____
8. Increased energy vigour	_____	_____
9. Change in sleep pattern	_____	_____
10. Backache, headache, bodyache	_____	_____
11. Swelling of feet, feeling bloated.	_____	_____
12. Change in appetite	_____	_____
13. Feeling affectionate	_____	_____
14. Fatigue, tiredness, lethargy	_____	_____
15. Feelings of happiness, joy	_____	_____
16. Restlessness, tense, keyed up	_____	_____
17. Decreased concentration	_____	_____
18. Feelings of well being	_____	_____
19. Change in bowel habit	_____	_____
20. Feeling of being rejected, isolated	_____	_____
21. Impaired work performance	_____	_____
22. Prefer solitude, avoid gatherings	_____	_____
23. Feeling of being rejected, isolated	_____	_____
24. Change in sexual desire	_____	_____
25. Sudden mood changes, tearfulness	_____	_____
26. Craving for specific foods	_____	_____
27. Any others	_____	_____