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## PREMENSTRUAL SYMPTOMS SCREENING TOOL

### MENSTRUAL CYCLE:

**Please choose one of the following alternatives which best describes your menstrual cycle pattern:**

- a. Over the past 12 months, my menstrual cycles have been regular and there has been NO CHANGE in cycle length.
- b. I have menstruated in the last 3 months, but I have experienced a change in menstrual frequency (more or less frequent periods).
- c. I have not had a menstrual period in the last 3 months, but had at least 1 menstrual period in the last 12 months.
- d. I have not had a menstrual period in the last 12 months.

Are your periods (or were your periods) usually regular?

- No
- Yes

If you have had a menstrual period in the last 12 months, please indicate the APPROXIMATE date of the 1st day of bleeding of your last menstrual period.

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### BIRTH CONTROL

If applicable, please indicate the method of birth control that you are currently using:

- None
- Sterilization (tubes tied)
- Male partner vasectomy
- Birth-control pill, ring, or skin patch
- IUD: MIRENA
- IUD: Other
- Injectable hormone
- Implanted hormone
- Diaphragm
- Foam / gel
- Condoms
- Natural family planning / Rhythm
- Other

(Please mark an “X” in the appropriate box)

Do you experience some or any of the following premenstrual symptoms which *start before* your period and *stop* within a few days of bleeding?

Symptom	Not at all	Mild	Moderate	Severe
1. Anger/Irritability				
2. Anxiety/ Tension				
3. Tearful/ Increased sensitivity to rejection				
4. Depressed mood/hopelessness				
5. Decreased interest in work activities				
6. Decreased interest in home activities				
7. Decreased interest in social activities				
8. Difficulty concentrating				
9. Fatigue/ Lack of energy				
10. Overeating / Food cravings				
11. Insomnia				
12. Hypersomnia (needing more sleep)				
13. Feeling overwhelmed or out of control				
14. Physical symptoms: breast tenderness, headaches, joint/muscle pain, bloating, weight gain.				

**Have your symptoms, as listed above, interfered with:**

	Not at all	A bit	Moderately	Severely
A. Your work efficiency or productivity				
B. Your relationships with co-workers				
C. Your relationships with your family				
D. Your social life activities				
E. Your home responsibilities				