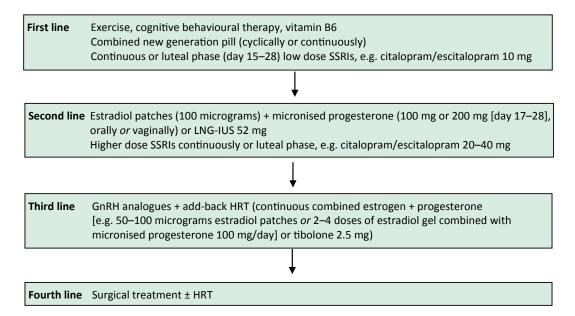
## Appendix III: Daily Recording of Severity of Problems (DRSP) symptom diary

## **DAILY RECORD OF SEVERITY OF PROBLEMS**

Please print and use as many sheets as you need for at least two FULL months of ratings.									Name or Initials																					
Each evening note the degree to which y severity: I - not at all, 2 - minimal, 3 - mili	ou e	хp	erien														'x"	in	the	bc	ox v	vhi	ch d	or	resp	on	ıds 1	o th	ne	_
Enter day (Monday-"M", Thursday-"R", etc  Note spotting by entering "S  Note menses by entering "M  Begin rating on correct calendar day	c) > 5" > I" >	1	2 3			6	7	8	9			13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29 3	30 3	31
Pelt depressed, sad, "down" or "blue", or felt hopeless; or felt worthless or guilty  Pelt anxious, tense, "keyed up" or "on edge"	5 4 3 2 1 6 5 4 3 2																													
Had mood swings (i.e. suddenly feeling sad or tearful) or was sensitive to rejection or feelings were easily hurt  Felt angry or irritable	1 6 5 4 3 2 1 6 5																													
Had less interest in usual activities (work, school, friends, hobbies)	4 3 2 1 6 5 4 3																													
6 Had difficulty concentrating	2 1 6 5 4 3 2																													
7 Felt lethargic, tired or fatigued; or had lack of energy	1 6 5 4 3 2																													
Had increased appetite or overate; or had cravings for specific foods	6 5 4 3 2																													
9 Slept more, took naps, found it hard to get up when intended; or had trouble getting to sleep or staying asleep	6 5 4 3 2																													
Felt overwhelmed or unable to cope; or felt out of control	6 5 4 3 2																													
Had breast tenderness, breast swelling, bloated sensation, weight gain, headache, joint or muscle pain, or other physical symptoms	6 5 4 3 2																													
At work, school, home or in daily routine, at least one of the problems noted above caused reduction of productivity or inefficiency	6 5 4 3 2 1																													
At least one of the problems noted above caused avoidance of or less participation in hobbies or social activities	6 5 4 3 2 1																													
At least one of the problems noted above interfered with relationships with others	6 5 4 3 2																													

## Appendix IV: How PMS is treated – a decision-making algorithm <sup>132</sup>



This guideline was produced on behalf of the Royal College of Obstetricians and Gynaecologists by: Dr LJ Green MRCOG, Wolverhampton; Professor PMS O'Brien FRCOG, Stoke-on-Trent; Mr N Panay MRCOG, London; and Dr M Craig FRCOG, London

and peer reviewed by

Professor Z Alfirevic FRCOG, Liverpool; British Gynaecological Cancer Society; Dr J Brown, Auckland, New Zealand; Dr KM Clement MRCOG, Newcastle-upon-Tyne; Dr M Deeny MRCOG, Glasgow, Scotland; Dr J Endicott, Columbia University Medical Center, New York, USA; Faculty of Sexual and Reproductive Healthcare; Mrs O Ford, South Petherton; Mr MAH Habiba FRCOG, Leicester; Professor M Hunter PhD CPsychol FBPsS, London; Professor M Kashanian, Iran University of Medical Sciences, Tehran, Iran; Dr VJ Kay FRCOG, Dundee, Scotland; Professor SK Khoo FRCOG, Brisbane, Australia; Dr AS Lukes, Women's Wellness Clinic, Durham, North Carolina, USA; National Association for Premenstrual Syndrome; Dr LH Pedersen, Aarhus University, Denmark; Professor JM Rymer FRCOG, London; Mr JA Smallwood, University Hospital Southampton; Dr D van Die, University of Melbourne, Australia; Mr JF Watts FRCOG, Worcester; and Dr CP West FRCOG, Edinburgh, Scotland.

The literature search was performed by Mr JP Curtis BSc (Hons) DipIM MCLIP, Site Librarian, Shrewsbury and Telford Hospital NHS Trust.

Committee lead reviewers were: Dr CJ Crowe MRCOG, London; and Dr BA Magowan FRCOG, Melrose, Scotland.

The chairs of the Guidelines Committee were: Dr M Gupta<sup>1</sup> MRCOG, London; Dr P Owen<sup>2</sup> FRCOG, Glasgow, Scotland; and Dr AJ Thomson<sup>1</sup> MRCOG, Paisley, Scotland.

<sup>1</sup>co-chairs from June 2014 <sup>2</sup>until May 2014.

All RCOG guidance developers are asked to declare any conflicts of interest. A statement summarising any conflicts of interest for this guideline is available from: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg48/.

The final version is the responsibility of the Guidelines Committee of the RCOG.

The review process will commence in 2019, unless otherwise indicated.

## **DISCLAIMER**

The Royal College of Obstetricians and Gynaecologists produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of clinical data presented by the patient and the diagnostic and treatment options available.

This means that RCOG Guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management. Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.