Menstruation and depressive symptoms: tracking sheet of the TIDE study

This worksheet is designed to help you understand your cycle and depression symptoms. Each night, fill in how much you were burdened by the following symptoms.

Start this tracker on the first day of your period, which is day 1 of your cycle. Track your symptoms until you get your period again.

X **Mild/moderate**

Severe

or moderate, or fill the box if the symptom

Date of start period (day 1): ___ - ___ - _____	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	32	33	34	35
MENTAL SYMPTOMS																																			
I felt depressed, sad, "down", "blue".																																			
I felt hopeless																																			
I had little interest or pleasure in doing things																																			
I felt anxious, tense, "keyed up" or on edge.																																			
Felt overwhelmed or unable to cope, felt out of control																																			
I had mood swings																																			
I felt angry or irritable																																			
I had trouble falling or staying asleep, or slept too much																																			
Ik voelde me moe of had een gebrek aan energie																																			
I felt tired or had little energy																																			
I felt worthless or guilty																																			
I was more sensitive to rejection or felt hurt more easily.																																			
I had conflicts with others.																																			
I had trouble concentrating on things, such as reading the newspaper or watching television																																			
I had thoughts that I would be better off dead, or thoughts about hurting myself in some way.																																			
PHYSICAL SYMPTOMS																																			
I had breast tenderness																																			
My breasts were swollen, I felt bloated or I had gained weight.																																			
I had headaches or migraine																																			
I had joint or muscle plain																																			
EXTRA HELP																																			
I had unplanned contact with a healthcare provider or institution (including suicide hotlines, mental																																			
I used extra medication or a higher dosage of medication than usual.																																			

The items are based on the Patient Health Questionnaire-9 (PHQ-9) and Daily Record of Severity of Problems (DRSP), which are adapted to be used for the diaries of the TIDE study

The TIDE-study is coordinated by Dr. Margot Morssinkhof. For more information, go to www.TIDEstudy.com or email TIDEonderzoek@amsterdamumc.nl