

Reproductive mental health

NCMH

National Centre for Mental Health  
Canolfan Iechyd Meddwl Genedlaethol

# Mood Diary



## About NCMH

The National Centre for Mental Health brings together leading researchers from Cardiff, Bangor and Swansea University to investigate the triggers and causes of mental health problems.

We aim to improve the diagnosis, treatment and support for the millions of people affected by mental ill-health every year, as well as reducing the stigma faced by many.

To find out more, or to help with our research, visit [www.ncmh.info](http://www.ncmh.info) or contact us at [info@ncmh.info](mailto:info@ncmh.info)

 [@ncmh\\_wales](https://twitter.com/ncmh_wales)

 [/walesmentalhealth](https://www.facebook.com/walesmentalhealth)

 [@thencmh](https://www.instagram.com/thencmh)

 [@thencmh](https://www.youtube.com/thencmh)

## Using a mood diary to help vital research



Thank you are taking part in our PreDDICT study.

We are inviting our participants to complete two cycles of daily mood tracking to see how your symptoms fluctuate across the menstrual cycle.

Although typically used for diagnoses, this diary will only be used for research purposes, and we are unable to provide feedback on the information provided.

We are happy to provide a copy of the diary if you wish to take it to your doctor.

By providing this information, you will help us make a difference and better understand the impact of the menstrual cycle on mental health.

### How to use your mood diary

We will need information about how you feel every day during your next two menstrual cycles. This will help us better understand how the menstrual cycle impacts your daily mood.

Using our mood diary will provide tracking data from around 70 calendar days in total.

Over the next two months, please use the mood diary each evening to note the degree to which you experience each of the problems listed in the diary and how severe your symptoms are.

You will need put an 'x' in boxes to indicate the severity of your symptoms and the stage of your cycle. Try to treat each day separately without considering your symptoms from the day before.

You will also need to record any medications taken during each cycle. Write a list of your medications in the medication grid and put an 'x' in the box on any days it is taken.

Please don't worry if you make a mistake. Colour in the box that is incorrect and put an 'x' in the correct box.



## Instructions

- 1 Start by filling out the date and initials on each page. Each column corresponds to day and the blocks of statements run down the left side of the page.
- 2 Under each day add an 'x' to specify the stage of your cycle:  
**N – No sign of period**  
**S – Spotting**  
**B – Bleeding**
- 3 Rate your symptoms in each row by adding an 'x' to correspond with the severity of the symptom and the impact it has on your day:  
**1 – not at all**  
**2 – minimal**  
**3 – mild**  
**4 – moderate**  
**5 – severe**  
**6 – extreme**
- 4 Add any medications on each week's medication list and put an 'x' for each day it was taken.
- 5 Once you have completed your full eight weeks of diary entries, please return the diary to us using the free-post envelope provided.

Please note we are not monitoring individual responses and will not contact you in response to the answers you have given while completing this tool.

You can find a list of organisations at the end of the diary that may be helpful if you need additional support.



Please contact [reproductivementalhealth@cardiff.ac.uk](mailto:reproductivementalhealth@cardiff.ac.uk) if you would like a copy of your diary.



# Cycle One

**Please complete the mood diary grid  
over the following five pages every  
day for the next month.**

**This will provide us with data from  
one of your menstrual cycles.**

Month | Year

e.g. August 2025

Date (day only)

02 03  
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

Today you are experiencing...	N																										
	S	X																									
	B																										
I felt depressed, sad, 'down' or blue	6																										
	5	X																									
	4																										
	3																										
	2																										
	1																										
I felt hopeless	6	X																									
	5																										
	4																										
	3																										
	2																										
	1																										
I felt worthless or guilty	6																										
	5																										
	4	X																									
	3																										
	2																										
	1																										
I felt anxious, tense, 'keyed up' or 'on edge'	6																										
	5																										
	4																										
	3	X																									
	2																										
	1																										
I had mood swings e.g. suddenly felt sad or tearful	6																										
	5																										
	4																										
	3																										
	2	X																									
	1																										
I felt more sensitive to rejection or my feelings were easily hurt	6																										
	5																										
	4																										
	3	X																									
	2																										
	1																										

Scale reminder: 1 – not at all 2 – minimal 3 – mild 4 – moderate 5 – severe 6 – extreme

Month | Year

Date (day only)

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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

I felt angry or irritable	6																											
	5																											
	4																											
	3																											
	2																											
	1																											
I had conflicts or problems with other people	6																											
	5																											
	4																											
	3																											
	2																											
	1																											
I was less interested in my usual activities e.g. work, school, friends, hobbies	6																											
	5																											
	4																											
	3																											
	2																											
	1																											
I had difficulty concentrating	6																											
	5																											
	4																											
	3																											
	2																											
	1																											
I felt tired and fatigued	6																											
	5																											
	4																											
	3																											
	2																											
	1																											
I had an increased appetite or overate	6																											
	5																											
	4																											
	3																											
	2																											
	1																											
I had cravings for specific foods	6																											
	5																											
	4																											
	3																											
	2																											
	1																											

Scale reminder: 1 – not at all 2 – minimal 3 – mild 4 – moderate 5 – severe 6 – extreme

Month | Year

Date (day only)

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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

I slept more, took naps or found it hard to wake up when needed	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I had trouble getting to sleep or staying asleep	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I felt overwhelmed or that I could not cope	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I felt out of control	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I had breast tenderness	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I felt bloated or that I had gained weight	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I had headaches	6																												
	5																												
	4																												
	3																												
	2																												
	1																												

Scale reminder: 1 – not at all 2 – minimal 3 – mild 4 – moderate 5 – severe 6 – extreme



Month | Year

Date (day only)

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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

I had joint or muscle pain	6																											
	5																											
	4																											
	3																											
	2																											
	1																											
One or more of the problems listed above meant I was less productive and efficient	6																											
	5																											
	4																											
	3																											
	2																											
	1																											
One or more of the problems listed above meant I avoided socialising or a usual hobby	6																											
	5																											
	4																											
	3																											
	2																											
	1																											
One or more of the problems listed above interfered in my relationships with others	6																											
	5																											
	4																											
	3																											
	2																											
	1																											
I had thoughts that life was not worth living	6																											
	5																											
	4																											
	3																											
	2																											
	1																											
I had suicidal thoughts	6																											
	5																											
	4																											
	3																											
	2																											
	1																											

**Don't forget to note any medication during Cycle 1 on the next page**

Medication during Cycle 1 - please list below and mark each day the medication is taken.

Month | Year

e.g. August 2025

Date (day only)

02 03

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

	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
e.g. Sertraline		X																										
Microgynon	X	X	X																									

Cycle One complete!

# Cycle Two

**Please complete the mood diary grid  
over the following five pages every  
day for the next month.**

**This will provide us with data from  
one of your menstrual cycles.**

Month | Year

e.g. August 2025

Date (day only)

02 03 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

Today you are experiencing...	N																												
	S																												
I felt depressed, sad, 'down' or blue	B																												
	6																												
	5	X																											
	4																												
	3																												
	2																												
	1																												
I felt hopeless	6	X																											
	5																												
	4																												
	3																												
	2																												
	1																												
	I felt worthless or guilty	6																											
5																													
4		X																											
3																													
2																													
1																													
I felt anxious, tense, 'keyed up' or 'on edge'		6																											
	5																												
	4																												
	3	X																											
	2																												
	1																												
	I had mood swings e.g. suddenly felt sad or tearful	6																											
5																													
4																													
3																													
2		X																											
1																													
I felt more sensitive to rejection or my feelings were easily hurt		6																											
	5																												
	4																												
	3	X																											
	2																												
	1																												

Scale reminder: 1 – not at all 2 – minimal 3 – mild 4 – moderate 5 – severe 6 – extreme

Month | Year

Date (day only)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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

I felt angry or irritable	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I had conflicts or problems with other people	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I was less interested in my usual activities e.g. work, school, friends, hobbies	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I had difficulty concentrating	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I felt tired and fatigued	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I had an increased appetite or overate	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I had cravings for specific foods	6																												
	5																												
	4																												
	3																												
	2																												
	1																												

Scale reminder:

1 – not at all

2 – minimal

3 – mild

4 – moderate

5 – severe

6 – extreme

Month | Year

Date (day only)

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					

I slept more, took naps or found it hard to wake up when needed	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
I had trouble getting to sleep or staying asleep	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
I felt overwhelmed or that I could not cope	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
I felt out of control	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
I had breast tenderness	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
I felt bloated or that I had gained weight	6																															
	5																															
	4																															
	3																															
	2																															
	1																															
I had headaches	6																															
	5																															
	4																															
	3																															
	2																															
	1																															

Scale reminder:

1 – not at all      2 – minimal      3 – mild      4 – moderate      5 – severe      6 – extreme

Month   Year																													
Date (day only)																													
		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
I had joint or muscle pain	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
One or more of the problems listed above meant I was less productive and efficient	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
One or more of the problems listed above meant I avoided socialising or a usual hobby	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
One or more of the problems listed above interfered in my relationships with others	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I had thoughts that life was not worth living	6																												
	5																												
	4																												
	3																												
	2																												
	1																												
I had suicidal thoughts	6																												
	5																												
	4																												
	3																												
	2																												
	1																												

**Don't forget to note any medication during Cycle 2 on the next page**

Medication during Cycle 2 - please list below and mark each day the medication is taken.

Month | Year

e.g. August 2025

Date (day only)

02 03

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

	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
e.g. Sertraline			X																									
Microgynon	X	X	X																									

Cycle Two complete!





## Support services

The following organisations offer free listening, emotional support and information services to help you whenever you need it.

### International Association for Premenstrual Disorders

The IAMPD is charity that offers support, information, and resources for individuals with premenstrual dysphoric disorder (PMDD), premenstrual syndrome (PMS) and premenstrual exacerbation (PME).

 [iapmd.org](http://iapmd.org)

 [info@iapmd.org](mailto:info@iapmd.org)

### Samaritans


For free emotional support 24 hours a day, 365 days a year

 [samaritans.org](http://samaritans.org)

 116 123

### Shout Crisis Text Line

If you're experiencing a crisis and need support 24 hours a day, 365 days a year

 Text 'Shout' to 85258

### SANeline

For emotional support from 4.30pm-10.30pm, 365 days a year

 0300 304 7000 (calls are charged at local rates)

### The Mix

For free emotional support if you are under 25 from 4pm–11pm, 365 days a year

 Call 0808 808 4994 or text THEMIX to 85258

### C.A.L.L - Community Advice and Listening Line Mental Health Helpline for Wales

For free emotional support and information if you live in Wales 24 hours a day, 365 days a year

 0800 132737 or text 'help' followed by a question to 81066

### Mind

For information on mental health and where to get help from 9am to 7pm, Monday to Friday

 0300 123 3393 (calls are charged at local rates)

 [info@mind.org.uk](mailto:info@mind.org.uk)

**Produced by the National Centre for Mental Health.**

The information in this diary is correct at the time of printing. Printed January 2025.

NCMH is funded by Welsh Government through Health and Care Research Wales.

Mae'r wybodaeth hon hefyd ar gael drwy gyfrwng y Gymraeg. I ofyn am gopi, cysylltwch â ni: [info@ncmh.info](mailto:info@ncmh.info)

