

Hormone Symptom Checklist

Name _____ Date _____

0 = never of the time 1 = few times a month 2 = few times a week 3 = most of the time
 N = No change Worse B = better M = Much better W =

Symptoms	Current	Month 1	Month 2	Month 3
Aches/pains				
Acne/oily skin				
Allergies				
Anxiety				
Appetite in morning				
Bloating/belly fat				
Breast Tenderness				
Cold hands/feet				
Constipation				
Cravings for carbs or sugar				
Decreased sex drive				
Dense breast or fibrocystic breasts				
Depression				
Diarrhea				
Digestion discomfort				
Difficulty Concentrating				
Dry eyes				
Dry mouth				
Dry skin				
Dry vagina				
Dry brittle nails				
Dry brittle hair				

[Type here]

Endometriosis				
Energy				
Facial hair growth				
Fat Gain				
Fatigue				
Feel Angered				
Feel Guilty				
Feel ashamed				
Fibrocystic breast				
Foggy thinking				
Gas /belching/bloating abdomen				
Hair growing on face				
Hair loss				
Headaches				
Heart palpitations				
Hot flashes				
Incontinence urine				
Incontinence feces				
Increased disorganization				
Insomnia -cannot fall asleep				
Insomnia - cannot stay asleep				
Irritable				
Itching vagina				
Low Interest in sex				
Low Libido				
Losing /misplacing things				
Low motivation				
Loss of words				

[Type here]

Lumpy Breasts				
Memory loss				
Migraines				
Good Mood				
Muscle weakness				
Night sweats				
Osteoporosis				
Ovarian Cysts				
Over sensitivity (physical or emotional)				
Painful intercourse				
PMS				
Shriking breast size				
Sleepiness during the day				
Sluggish digestion				
Talking excessively				
Tension				
Thinning skin				
Uncomfortable discussing symptoms				
Urinary tract irritation				
Urinary tract infection				
Uterine fibroids				
Uterine bleeding				
Vaginal pain				
Water retention/edema				
Weepiness				
Weight gain				
Other				
Other				

[Type here]

Other				
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[Type here]