

WOMENS CHECKLIST FOR SYMPTOMS OF HORMONE IMBALANCE

The following checklists can be used to help you and your healthcare provider determine specific symptoms of hormone imbalance.

Category 1: Basic Hormone Imbalance

Note which of the following symptoms are troublesome and/or persist over time.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Increased body/facial hair | <input type="checkbox"/> Urinary incontinence |
| <input type="checkbox"/> Bone loss | <input type="checkbox"/> Headaches, migraines | <input type="checkbox"/> low libido | <input type="checkbox"/> Vaginal dryness |
| <input type="checkbox"/> Breast tenderness | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Mood changes | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Cystic ovaries | <input type="checkbox"/> Hot Flashes | <input type="checkbox"/> Night sweats | |
| <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Heavy menses | <input type="checkbox"/> Sleep problems | |
| <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> Irritability | <input type="checkbox"/> Thinning skin | |
| | | <input type="checkbox"/> Uterine fibroids | |

Number selected ___

Category 2: Adrenal Hormone Imbalance

Note which of the following symptoms are troublesome and/or persist over time.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Bone loss | <input type="checkbox"/> Depression | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Allergic conditions | <input type="checkbox"/> Blood sugar imbalance | <input type="checkbox"/> Elevated triglycerides | <input type="checkbox"/> Susceptibility to infections |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Sleep disturbance | <input type="checkbox"/> Evening fatigue | |
| <input type="checkbox"/> Autoimmune illness | <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Infertility | |
| | | <input type="checkbox"/> Morning fatigue | |

Number selected ___

Category 3: Thyroid Hormone Imbalance

Note which of the following symptoms and/or persist over time.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Dry skin | <input type="checkbox"/> Headaches | <input type="checkbox"/> Menstrual irregularities |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Elevated cholesterol | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Brittle nails | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Inability to lose weight | <input type="checkbox"/> Thinning hair |
| <input type="checkbox"/> Cold hands and feet | <input type="checkbox"/> Feeling cold all the time | <input type="checkbox"/> Infertility | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> Low libido | |

Number selected ___

History Update: Have you had?

- | | | |
|--|---|---|
| <input type="checkbox"/> Breast cancer | <input type="checkbox"/> Polycystic ovaries | <input type="checkbox"/> Taken thyroid medication |
| <input type="checkbox"/> Hashimotos | <input type="checkbox"/> Uterine fibroids | <input type="checkbox"/> Last menstrual period; when? |
| <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Taken hormones/birth control | _____ |
| <input type="checkbox"/> Endometriosis | | |
| <input type="checkbox"/> Smoker | | |
| <input type="checkbox"/> Fibrocystic breasts | | |