

# PATIENT CHECKLIST FOR SYMPTOMS OF HORMONE IMBALANCE

## *For Women*

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"/> Hot flashes         | <input type="checkbox"/> Mood swings (PMS) | <input type="checkbox"/> Urinary incontinence       | <input type="checkbox"/> Night sweats   |
| <input type="checkbox"/> Heart palpitations  | <input type="checkbox"/> Cystic ovaries    | <input type="checkbox"/> Vaginal dryness            | <input type="checkbox"/> Acne           |
| <input type="checkbox"/> Heavy menses        | <input type="checkbox"/> Foggy thinking    | <input type="checkbox"/> Weight gain                | <input type="checkbox"/> Depressed mood |
| <input type="checkbox"/> Fibrocystic breasts | <input type="checkbox"/> Irritability      | <input type="checkbox"/> Increased body/facial hair | <input type="checkbox"/> Headaches      |
| <input type="checkbox"/> Thinning skin       | <input type="checkbox"/> Uterine fibroids  |   | <input type="checkbox"/> Bone loss      |

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

Number selected \_\_\_\_\_

### Category 3: Thyroid Hormone Imbalance

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

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

Number selected \_\_\_\_\_