

Hormone Symptom Checklist For Women

(Courtesy of Hoye's Pharmacy) 1-800-788-8123 813-839-8861



	Rating		Rating		Rating
Progesterone Deficiency		Progesterone Excess		Androgen Deficiency (Testosterone/DHEA)	
Hot flashes		Sleepiness		Low libido	
Headaches		Breast swelling		Foggy thinking	
Night sweats		Breast tenderness		Vaginal dryness	
Vaginal dryness		Decreased libido		Aches/Pains	
Low libido		Mild depression		Memory lapses	
Anxiety		Candida infections		Incontinence	
Swollen breast(s)				Depression	
Water retention/bloating		Estrogen Excess		Sleep disturbances	
Foggy thinking		Mood swings		Bone loss	
Depression/moodiness		Weight gain in hips		Decreased muscle mass	
Food cravings		Breast tenderness		Bone loss	
Irritability		Water retention		Thinning skin	
Insomnia		Nervousness		Infertility	
Incontinence		Irritable			
Sleep disturbances		Anxiety			
Cramps		Fibrocystic breasts		Androgen Excess (Testosterone/DHEA)	
Tearful		Uterine fibroids		Excessive facial or body hair	
Emotional swings		Headaches		Loss of hair	
Painful breast(s)		Menstrual bleeding changes		Acne	
Heart palpitations				Oily skin	
Weight gain		Adrenal Fatigue/Cortisol Deficiency		Anger	
Bone loss		Craving for sweets/sugar		Irritability	
Fibrocystic breasts		Mental fatigue			
Memory lapses		Allergies		Adrenal Fatigue Cortisol Excess	
Inability to concentrate		Chemical sensitivity		Sleep disturbances	
		Stress		Bone loss	
Estrogen Deficiency		Cold body temperature		Headaches	
Hot flashes		Heart palpitations		Weight gain in waist	
Foggy thinking		Aches/pains		Loss of muscle mass	
Shortness of breath		Arthritis		Thinning skin	
Night sweats				Morning fatigue	
Unable to sleep				Evening fatigue	
Vaginal dryness				Dry skin	
Dry hair				Ringling in the ears	
Incontinence					
Hair loss					
Anxiety					
Mood Swings/depression					
Headaches					
Short term memory loss					
Frequent urinary tract infections					
Heart palpitations					
Frequent yeast infections					
Vaginal shrinking					
Loss of pubic hair					
Painful intercourse					
Inability to reach orgasm					
Tearful					
Bone loss					

Evaluation of patient symptoms plays a critical role in determining whether or not to prescribe hormone therapy. Please rate the symptoms that you have experienced within the past 3 months as follows:

- 1 No symptoms - have never experienced
- 2 Mild - on occasion but it doesn't really affect me
- 3 Frequent - experience often but get myself through it
- 4 Severe - very uncomfortable - I can barely function or get through day