SYMPTOM WORKSHEET FOR HORMONE IMBALANCE OR DEFICIENCY

PLEASE INDICATE ON A SCALE OF 1-10 WITH 10 BEING THE MOST SEVERE OF ANY SYMPTOMS YOU ARE EXPERIEINCING

FEMALE

IRRITABILITY\_\_\_\_\_\_\_\_\_\_\_

FATIGUE\_\_\_\_\_\_\_\_\_

DEPRESSION\_\_\_\_\_\_\_\_\_\_\_\_\_

HEADACHES\_\_\_\_\_\_\_\_\_\_

NIGHT SWEATS\_\_\_\_\_\_\_\_\_

FORGETFULLNESS\_\_\_\_\_\_\_\_

WEIGHT GAIN\_\_\_\_\_\_\_\_\_\_

INSOMINIA\_\_\_\_\_\_\_\_\_\_

JOINT PAIN/BACKACHE\_\_\_\_\_\_\_\_\_\_\_\_\_

PALPITATIONS\_\_\_\_\_\_\_\_\_\_\_\_\_-

CRYING SPELLS\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOSS OF BLADDER CONTROL\_\_\_\_\_\_\_\_\_\_\_\_

BURNING PAIN UPON URINATION\_\_\_\_\_\_\_\_\_

VAGINAL DRYNESS\_\_\_\_\_\_\_\_\_\_\_

LOW SEXUAL DRIVE\_\_\_\_\_\_\_\_\_\_\_

DEPRESSED SEXUAL ACTIVITY\_\_\_\_\_\_\_\_\_\_\_

LOSS OR THINNING OF HAIR\_\_\_\_\_\_\_\_\_

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEN

THINNING HAIR OR BEARD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THINNING HAIR OVER BODY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOW SEXUAL DRIVE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISTURBED SLEEP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPRESSION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROSTATE ENLARGEMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MUSCLE WEAKNESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATIGUE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRRITABILITY\_\_\_\_\_\_\_\_\_\_\_\_\_

THINNING SKIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SLOW WOUND HEALING\_\_\_\_\_\_\_\_\_\_\_\_\_

POOR CONCENTRATION/MEMORY LOSS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ABDOMINAL WEIGHT GAIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOSS OF INTEREST\_\_\_\_\_\_\_\_\_\_\_\_

LOSS OF BLADDER CONTROL\_\_\_\_\_\_\_\_\_\_\_\_\_

PALPATATIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSOMNIA\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_