

# Checklist For Symptoms of Hormone Imbalance For Women

Name \_\_\_\_\_ Date \_\_\_\_\_

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

| Hormone Imbalance                           |  |   |
|---|--|---|
| <input type="checkbox"/> Hot Flashes        | <input type="checkbox"/> Mood Swings (PMS)     | <input type="checkbox"/> Night Sweats   |
| <input type="checkbox"/> Heart Palpitations | <input type="checkbox"/> Irritability          | <input type="checkbox"/> Acne           |
| <input type="checkbox"/> Heavy Menses       | <input type="checkbox"/> Uterine Fibroids      | <input type="checkbox"/> Depressed Mood |
| <input type="checkbox"/> Fibrocystic Breast | <input type="checkbox"/> Urinary Incontinence  | <input type="checkbox"/> Headaches      |
| <input type="checkbox"/> Thinning Skin      | <input type="checkbox"/> Vaginal Dryness       | <input type="checkbox"/> Bone Loss      |
| <input type="checkbox"/> Cystic Ovaries     | <input type="checkbox"/> Weight Gain           |   |
| <input type="checkbox"/> Foggy Thinking     | <input type="checkbox"/> Increased Facial Hair | <b>Number Selected</b><br>_____         |

| Adrenal Hormone                                 |   |  |
|---|---|--|
| <input type="checkbox"/> Aches and Pain         | <input type="checkbox"/> Evening Fatigue              | <input type="checkbox"/> Nervousness           |
| <input type="checkbox"/> Sleep Disturbances     | <input type="checkbox"/> Morning Fatigue              | <input type="checkbox"/> Blood Sugar Imbalance |
| <input type="checkbox"/> Infertility            | <input type="checkbox"/> Anxiety                      | <input type="checkbox"/> Autoimmune Illness    |
| <input type="checkbox"/> Chronic Illness        | <input type="checkbox"/> Allergic Conditions          |  |
| <input type="checkbox"/> Elevated Triglycerides | <input type="checkbox"/> Susceptibility to Infections |  |
| <input type="checkbox"/> Depression             | <input type="checkbox"/> Bone Loss                    |  |
|   |   | <b>Number Selected</b><br>_____                |

| Thyroid Hormone                             |   |  |
|---|---|--|
| <input type="checkbox"/> Constipation       | <input type="checkbox"/> Foggy Thinking           | <input type="checkbox"/> Elevated Cholesterol      |
| <input type="checkbox"/> Dry Skin           | <input type="checkbox"/> Headaches                | <input type="checkbox"/> Depression                |
| <input type="checkbox"/> Fatigue            | <input type="checkbox"/> Weight Gain              | <input type="checkbox"/> Infertility               |
| <input type="checkbox"/> Heart Palpitations | <input type="checkbox"/> Low Libido               | <input type="checkbox"/> Feeling Cold All the Time |
| <input type="checkbox"/> Thinning Hair      | <input type="checkbox"/> Menstrual Irregularities | <input type="checkbox"/> Sleep Disturbances        |
| <input type="checkbox"/> Anxiety            | <input type="checkbox"/> Brittle Nails            | <input type="checkbox"/> Thinning Eyebrows         |
| <input type="checkbox"/> Cold Hand and Feet | <input type="checkbox"/> Inability to Lose Weight | <b>Number Selected</b><br>_____                    |