

**Female Hormonal Symptoms:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

New health issues? \_\_\_\_\_

Top 3 goals for taking hormones: \_\_\_\_\_

New Stressors? \_\_\_\_\_

Change in diet/exercise: better/worse? \_\_\_\_\_

Symptom	Mild	Moderate	Severe	Better/Worse
Hot flashes				
Night sweats				
Decreased sex drive				
Vaginal dryness				
Bladder symptoms (urge or leaking)				
Difficulty falling asleep				
Difficulty staying asleep				
Fatigue				
Brain fog				
Dry skin/hair				
Hair Loss				
Mood swings/irritability				
Irregular periods				
PMS headaches				
PMS breast tenderness				
PMS Mood swings/irritability				
PMS bloating/fluid retention				
Depression				
Anxiety/panic attacks				
Heavy periods/clots				
Harder to reach climax				
Low motivation/ drive				
Easily tired after exercise				
Arthritis/joint pain				
Weight gain (inc belly fat)				
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*				

\*other symptoms that you have noticed