

HORMONE SYMPTOMS RATING SCALE

Name: _____ Phone: _____

Address: _____

<u>Subjective Symptoms</u>	<u>Rating</u>	<u>Subjective Symptoms</u>	<u>Rating</u>
Acne		Heart Palpitations	
Anxiety / Nervousness		Heavy & Irregular Menses	
Apathy		Hoarseness	
Breast Tenderness		Hot Flashes	
Brittle Nails		Hypoglycemia	
Burned Out Feeling		Increased Facial and/or Body Hair	
Chemical Sensitivities		Increased Hair Loss	
Cold Body Temperature		Irritability	
Cold Extremities		Joint Pains	
Confusion		Low Blood Pressure	
Constipation		Memory Problems	
Cramping Abdominal		Mood Swings	
Cravings for Sweet		Muscle Pain	
Decreased Concentration		Night Sweats	
Decreased Sex Drive		Numbness Hands and Feet	
Decreased Sexual Sensation		Painful Intercourse	
Decreased Stamina		Premenstrual Syndrome	
Deepening of Voice		Salt Craving	
Depressed Mood		Sleep Disturbances	
Dry Eyes		Swollen Eyes	
Dry Skin / Hair		Tearfulness	
Fatigue		Thinning Skin	
Fibrocystic Breasts		Tired But Wired	
Fluid Retention Abdomen		Urinary Incontinence	
Fluid Retention Extremities		Vaginal Dryness	
Foggy Thinking		Weight Gain: Hips	
Headaches		Weight Gain: Waist	

RATING SCALE	
0	No Symptom
1	Very Mild
2	Mild
3	Moderate
4	Severe
5	Very Severe