

Hormone Balance Questionnaire

Please rate each symptom you are currently experiencing on scale of 0-2, where 0=never, 1=sometimes and 2=frequently

Section A --- Total _____

- Hot flashes _____
- Night Sweats _____
- Heart palpitations (sensation of fluttering in chest) _____
- I have difficulty concentrating _____
- My memory is poor _____
- I struggle to find the right words _____
- I experience depression _____
- I leak urine _____
- I have frequent bladder infections (post-menopause) _____
- My vagina is dry _____
- My skin is losing volume (plumpness) _____
- I have more wrinkles than I used to _____
- My eyes and//or mouth are dry _____

Section B (For women that are menstruating either regularly or intermittently) --- Total _____

- Difficulty falling asleep _____
- More irritable than usual _____
- I experience mood swings _____
- I have crying spells _____
- Heavy periods or flooding _____
- Breast tenderness (before period) _____
- Menstrual cramping before period _____
- Menstrual blood clots _____
- I get premenstrual migraines _____
- I get diarrhea before my period starts _____

Section C --- Total _____

- Night Sweats _____
- Difficulty falling asleep _____
- Heart palpitations (sensation of fluttering in chest) _____
- More irritable than usual _____
- More anxious than usual _____
- I feel overwhelmed often _____
- I have breast tenderness _____
- I experience water retention _____
- I feel bloated before my period _____
- Are you having more aches and pains _____
- Have you developed new allergies, or current allergies getting worse _____

Section D --- Total _____

- I lack desire in sexual activity _____
- My vagina is dry _____
- I am lacking motivation _____
- I feel more withdrawn or vulnerable _____
- I have lost energy _____
- I have lost muscle strength, I feel weak _____
- I cannot maintain focus on mental tasks _____
- I am feeling depressed _____
- I feel less confident _____

Section E --- Total _____

- Night Sweats _____
- Difficulty falling asleep _____
- Difficulty staying asleep _____
- I feel more tired than usual _____
- Difficulty concentrating _____
- More irritable than usual _____
- I can't control my anger _____
- I feel overwhelmed often _____
- I crave salt _____
- I crave sugar _____
- My blood pressure is low / I get dizzy when I stand up quickly _____
- I have a very stressful and/or life _____

Section F --- Total _____

- I feel more tired than usual _____
- I have difficulty getting out of bed _____
- I experience depression or low mood _____
- I often feel cold, even when it's warm outside _____
- My hands and feet are especially cold _____
- I have unexplained joint pains or swelling _____
- I often experience constipation _____
- I have trouble losing weight _____
- I experience hair loss or have very coarse hair _____
- I have dry skin _____
- I have brittle nails _____
- I have noticed my voice getting hoarse _____
- I have a family history of thyroid disorders _____
- I have high cholesterol _____