



## HORMONE BALANCE QUESTIONNAIRE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### **RATE EACH OF THE FOLLOWING SYMPTOMS ACCORDING TO A "TYPICAL DAY."**

Point Scale: 0 = Never, or almost never have the symptom

3 = Frequently have it and effect is **not** severe

1 = Occasionally have it but the effect is **not** severe.

4 = Frequently have it and effect **is** severe.

2 = Occasionally have it and the effect **is** severe.

**EMOTIONS:** \_\_ Mood swings  
 \_\_ Anxiety, panic attacks  
 \_\_ Depression, "blue mood"  
 \_\_ Low self esteem  
 \_\_ Anger, irritability  
 \_\_ Nervousness  
 \_\_ Feeling overwhelmed  
**TOTAL:** \_\_

**SEX:** \_\_ Low sex drive  
 \_\_ Vaginal dryness  
 \_\_ Painful intercourse  
 \_\_ Inability to orgasm  
 \_\_ Urinary leakage with sex  
 \_\_ Breast pain/tenderness  
**TOTAL:** \_\_

**SLEEP:** \_\_ Poor sleep  
 \_\_ Wake up several times  
 \_\_ Snore loudly  
 \_\_ Wake up unrefreshed  
 \_\_ Restless legs  
 \_\_ Leg cramps  
**TOTAL:** \_\_

**MIND:** \_\_ Poor memory  
 \_\_ Poor focus  
 \_\_ "Brain Fog"  
 \_\_ Difficulty making decisions  
 \_\_ Difficulty learning new things  
 \_\_ Word searches  
**TOTAL:** \_\_

**SKIN, HAIR AND NAILS:**  
 \_\_ Dry skin  
 \_\_ Brittle nails  
 \_\_ Ridges/spots in nails  
 \_\_ Hair loss  
 \_\_ Dry eyes  
**TOTAL:** \_\_

**TEMPERATURE:**  
 \_\_ Cold hands and feet  
 \_\_ Hands turn "white"  
 \_\_ Night sweats  
 \_\_ Excessive sweating  
 \_\_ Hot flashes  
**TOTAL:** \_\_

**ENERGY:** \_\_ Fatigue, sluggish  
 \_\_ Hyperactivity  
 \_\_ Aggression  
 \_\_ Restlessness  
 \_\_ Morning fatigue  
 \_\_ Fatigue early in the evening

**WEIGHT:** \_\_ Weight gain  
 \_\_ Weight loss  
 \_\_ Increased belly fat  
 \_\_ Cellulite  
 \_\_ Sugar cravings  
 \_\_ Salt cravings

**BOWEL SYMPTOMS:**  
 \_\_ Irritable bowel  
 \_\_ Abdominal bloating  
 \_\_ Diarrhea  
 \_\_ Constipation  
 \_\_ Abdominal cramping