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CHECKLIST FOR SYMPTOMS OF HORMONE IMBALANCE

FOR WOMEN

NAME _____DATE_____

Hormone Imbalance

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

___ Hot flashes	___ Mood swings (PMS)	___ Urinary incontinence	___ Night sweats
___ Heart palpitations	___ Cystic ovaries	___ Vaginal dryness	___ Acne
___ Heavy menses	___ Foggy thinking	___ Weight gain	___ Depressed mood
___ Fibrocystic breasts	___ Irritability	___ Increased facial hair	___ Headaches
___ Thinning skin	___ Uterine fibroids		___ Bone loss

Number selected _____

Adrenal Hormone Imbalance

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

___ Aches and pains	____ Elevated triglercerides	___ Morning fatigue	___ Bone loss
___ Sleep disturbances	____ Depression	___ Anxiety	___ Blood sugar imbalance
___ Infertility	____ Nervousness	___ Allergic conditions	___ Autoimmune illness
___ Chronic illness	___ Evening fatigue	___ Susceptibility to infections	

Number selected _____

Thyroid Hormone Imbalance

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

___ Constipation	___ Anxiety	____ Brittle nails	____ Depression
___ Dry skin	___ Cold hands and feet	____ Headaches	___ Infertility
___ Fatigue	___ Foggy thinking	____ Weight gain	___ Feeling cold all the time
___ Heart palpitations	___ Low libido	____ Inability to lose weight	___ Sleep disturbances
___ Thinning hair	____ Menstrual irregularities	___ Elevated cholesterol	___ Thinning eyebrows

Number selected _____