



Hormone Symptom Questionnaire | Female

Name:.....

Date:.....

Date of Birth:.....

Periods stopped:.....

Height:.....

Hysterectomy (date):.....

Weight:.....

Ovaries removed (date):.....

Please rate the following symptoms:

- 0** No symptoms
- 1** Very Mild
- 2** Mild
- 3** Moderate
- 4** Severe
- 5** Very Severe

A: Mood & Mental

- Anxious
- Apathetic
- Burned Out
- Confused
- Brain Fog
- Fatigue
- Decreased concentration
- Irritable
- Poor Sleep
- 'Tired but Wired'
- Mood Swings
- Tearful
- Poor motivation
- Do not want to socialise
- Sleepy
- Memory Loss
- Depressed

B: Skin, Nails & Hair

- Acne
- Dry Skin
- Thinning of Skin
- Bruising
- Increased hair - face, abdomen etc
- Hair Loss
- Hair dry/brittle
- Cold extremities
- Fluid retention - abdominal
- Fluid retention - peripheral
- Generally sweaty
- Night sweats
- Dry eyes
- Puffy eyes
- Brittle nails
- Greasy hair
- Greasy skin

C: Musculoskeletal

- Decreased muscle strength
- Tremor
- Muscle pains
- Joint pains
- Muscle Cramps
- Numbness/tingling

D: Cardiovascular

- Decreased stamina
- Palpitations/heart racing
- Hot flushes
- Low BP/light headed
- Dizzy
- High blood pressure

E: Food, GI & Metabolic

- Weight gain - abdominal
- Weight gain - hips
- Weight gain - triceps
- Increased appetite
- Decreased appetite
- Salt cravings
- Sweet/carbohydrate cravings
- Symptoms of low blood sugar
- Loose bowel motions
- Constipation
- Abdominal cramps
- Bloating

F: Reproductive

- Premenstrual syndrome
- Increased libido
- Decreased libido
- Decreased sexual sensation
- Breast tenderness
- Fibrocystic breasts
- Urinary incontinence
- Vaginal dryness
- Painful intercourse
- Heavy/irregular periods
- Lighter or fewer periods
- Urinary tract infections
- Thrush/yeast infections

G: General Symptoms

- Feeling cold
- Hoarse voice
- Deep voice
- Intolerant of cold
- Intolerant of heat
- Headaches

Other Symptoms:

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Comments:

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