



Hormone Symptom Evaluation

Name: _____

Date: _____

Symptoms	Absent	Mild	Moderate	Severe
Acne				
Anxiety				
Arthritis				
Bladder Symtoms				
Breakthrough Bleeding				
Breast Tenderness				
Cramps				
Decreased Sexual Drive (Libido)				
Depression				
Drowsiness				
Dry Skin				
Fatigue				
Fibrocystic Breasts				
Food Cravings				
Hair Loss				
Harder to Reach Climax				
Headache				
Heart Palpitations				
Heavy/Irregular Menses				
Hot Flashes				
Insomnia/Sleep Disturbance				
Irritability				
Memory Loss				
Mood Swings				
Night Sweats				
Nipple Tenderness				
Vaginal Dryness				
Water Retention/Bloating				
Weight Gain				