Hormone Imbalance Assessment

Indicate the symptoms you are experiencing:

0 = None 1 = Mild 2 = Moderate 3 = Severe

WOMEN

Cause	Symptoms		
Low Estradiol	__ Hot Flashes __ Incontinence	__ Night Sweats	__ Vaginal Dryness
Estrogen Dominance	__ Bleeding Changes __ Tender Breasts __ Foggy thinking __ Mood swings	__ Uterine Fibroids __ Fibrocystic Breasts __ Tearful	__ Water Retention __ Increased Forgetfulness __ Depressed
Adrenal Fatigue	__ Stress __ Difficulty Sleeping __ Irritable __ Allergies __ Dizzy Spells	__ Morning Fatigue __ Decreased Stamina __ Nervous __ Headaches	__ Evening Fatigue __ Anxiety __ Fibromyalgia __ Sugar Cravings
Thyroid	__ Cold Body Temperature __ Nails Breaking or Brittle __ Rapid Heart Beat __ Goiter (thick band around front of neck)	__ Hoarseness __ Constipation __ Heart Palpitations	__ Hair Dry or Brittle __ Slow Pulse Rate __ Infertility Problems
Metabolic Syndrome/ High Androgens	__ Acne __ Weight Gain - Hips __ Increase Facial / Body Hair	__ Elevated Triglycerides __ Weight Gain - Waist	__Scalp Hair Loss __ High Cholesterol
Low Androgens	__ Decreased Libido __ Ringing in Ears __ Bone Loss	__ Decreased Muscle Size __ Rapid Aging	__ Thinning skin __ Aches and Pains

Your height: ______ Your weight: ________

MEN

Cause	Symptoms		
Estrogen Dominance	__ Decreased Urine Flow	__ Increased Urinary Urge	__ Water retention
	__ Weight Gain- Waist	__ Weight Gain-Chest / Hips	
Adrenals	__ Burn Out Feeling	__ Morning Fatigue	__ Evening Fatigue
	__ Stress	__ Difficulty Sleeping	__ Apathy
	__ Depression	__ Mental Fatigue	__ Anxious
	__ Irritable	__ Nervous	__ Headaches
	__ Sugar Cravings	__ Dizzy Spells	
Thyroid	__ Cold Body Temperature	__ Hoarseness	__ Hair Dry or Brittle
	__ Nails Breaking or Brittle	__ Constipation	__ Slow Pulse Rate
	__ Rapid Heart Beat	__ Heart Palpitations	__ Infertility Problems
	__ Goiter (thick band around front of neck)		
Metabolic Syndrome/ High Androgens	__ Decreased libido	__ Decreased erections	__ Ringing in ears
	__ High Cholesterol	__ Elevated Triglycerides	__ Hot Flashes
	__ Decreased Muscle Size	__ Increased Forgetfulness	__ Decreased Mental Sharpness
	__ Sore Muscles	__ Increased Joint Pain	__ Neck or Back Pain
	__ Bone Loss	__ Rapid Aging	__ Thinning Skin
	__ Decreased Stamina	__ Night Sweats	
Thyroid / Other	__ Cold Body Temperature	__ Hoarseness	__ Hair Dry or Brittle
	__ Nails Breaking or Brittle	__ Constipation	__ Slow Pulse Rate
	__ Rapid Heart Beat	__ Heart Palpitations	__ Infertility Problems
	__ Allergies	__ Goiter (thick band around the neck)	

Your height: ______ Your weight: ________

This questionnaire will help you assess your health status. It is not meant as a replacement for a physician's care. The answers will help you focus your attention on specific areas of need.