

Date: \_\_\_\_\_

# FEMALE Symptoms Checklist

NAME \_\_\_\_\_

Use each of the following checklists to determine your symptoms of hormone imbalance and to help you choose the appropriate hormone test profile.

Please fill out and score from 1 to 3 regarding how bad your symptoms are, with 3 being the worst.

## Category 1: Basic Hormone Imbalance

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

___ Hot flashes	___ Mood swings (PMS)	___ Weight Gain
___ Urinary incontinence	___ Urinary incontinence	___ Depressed
___ Heart palpitations	___ Cystic ovaries	___ Mood
___ Vaginal dryness	___ Acne	___ Fibrocystic
___ Heavy menses	___ Foggy Thinking	___ Breast
___ Increased body or facial hair	___ Headaches	___ Irritability
___ Thinning skin	___ Uterine fibroids	___ Bone loss

## Category 2: Adrenal Hormone Imbalance

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

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

## Category 3: Thyroid Hormone Imbalance

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

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

## Category 4: CardioMetabolic Risk

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

___ Smoker	___ Weight gain	___ Heart disease or family history of heart disease	___ High
blood sugars	___ Sugar cravings	___ Diabetes or family history of diabetes	
___ High blood Pressure	___ Fatigue	___ Waist size greater than 35 inches	
	___ Overweight or Obese	___ Low physical activity	