

Name _____ Date of birth _____

HORMONE IMBALANCE – WOMEN | Please check all that applies

I have premenstrual migraines

I have insomnia

I have poor moods

I have night sweats

I have headaches

I have lost my sex drive

I have monthly weight changes

I have facial hair

I have water retention, edema,
or swelling

I have weight gain around my belly

I have PMS

I have hot flashes

I am infertile

I have peri or menopausal symptoms

I feel unable to cope with ordinary life

I have irregular, heavy or light bleeding
during menstruation

I have tender, enlarged breast

My concentration and/or memory
are poor

I feel bloated

I have dry skin, hair and/or vagina

I use birth control pills or other hormones

I have back pain, joint or muscle pain