

HORMONE ASSESSMENT – DAY 1

DO YOU CURRENTLY EXPERIENCE ANY OF THE FOLLOWING:

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Part A

Weight gain, especially around the middle
Mood swings
Abdominal bloating
Cramping
Irregular or heavy periods
Aggression/rage/irritability
Anxiety/nervousness
Breast swelling and pain
Food binges (salt/sweet)
Headache/migraine
Edema (water retention)
Back pain
Depression (withdrawal from others)
Foggy brain/fuzzy thinking
Breast swelling/tenderness
Insomnia: trouble falling or staying asleep

TMJ pain (pain in the jaw joint and muscles)

- Fibroids
- Cold hands and feet
- Thinning head hair
- Gallbladder issues
- Elevated blood pressure
- Decreased sex drive

Your Total Score (total your "yeses"): ______ (23 possible)

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