



## FEMALE HORMONES

Please circle the particular symptom, then check yes or no.

- |     |                                                                                            |     |     |    |     |
|-----|--------------------------------------------------------------------------------------------|-----|-----|----|-----|
| 1)  | Do you, or did you, experience PMS, cramps, or headaches with your periods?                | Yes | ___ | No | ___ |
| 2)  | Do you have a history of fibroids, endometriosis, or ovarian cysts?                        | Yes | ___ | No | ___ |
| 3)  | Do you have fibrocystic disease of the breast?                                             | Yes | ___ | No | ___ |
| 4)  | Do you have migraine headaches or asthma?                                                  | Yes | ___ | No | ___ |
| 5)  | Have you had a full term pregnancy?                                                        | Yes | ___ | No | ___ |
| 6)  | Have you had a miscarriage?                                                                | Yes | ___ | No | ___ |
| 7)  | If you have been pregnant, did you experience morning sickness for more than three months? | Yes | ___ | No | ___ |
| 8)  | Have you had a hysterectomy?                                                               | Yes | ___ | No | ___ |
| 9)  | Were your ovaries left in?                                                                 | Yes | ___ | No | ___ |
| 10) | Do you have hot flashes or night sweats?                                                   | Yes | ___ | No | ___ |
| 11) | Do you have a problem with vaginal dryness?                                                | Yes | ___ | No | ___ |
| 12) | Have you lost interest in sex?                                                             | Yes | ___ | No | ___ |
| 13) | Do you have a problem with urinary incontinence?                                           | Yes | ___ | No | ___ |
| 14) | If so, is it related to physical stress such as coughing or sneezing?                      | Yes | ___ | No | ___ |
| 15) | In terms of your thyroid:                                                                  |     |     |    |     |
|     | • Do you have dry skin?                                                                    | Yes | ___ | No | ___ |
|     | • Do the back of your heels crack?                                                         | Yes | ___ | No | ___ |
|     | • Do your nails chip easily or fail to grow well?                                          | Yes | ___ | No | ___ |
|     | • Have you had clots with your periods?                                                    | Yes | ___ | No | ___ |
|     | • Do you have a low body temperature?                                                      | Yes | ___ | No | ___ |
|     | • Do you get uncomfortable in cold weather?                                                | Yes | ___ | No | ___ |
|     | • Is your hair dry or frizzy?                                                              | Yes | ___ | No | ___ |
|     | • Do you have a problem with hair loss?                                                    | Yes | ___ | No | ___ |
|     | • Do you feel sluggish?                                                                    | Yes | ___ | No | ___ |
|     | • Do you have trouble trying to lose weight?                                               | Yes | ___ | No | ___ |