



Women's Symptom Survey

Please complete this form by checking the box that best describes the symptoms you are experiencing.

Symptom	none	mild	moderate	severe	
Hot Flashes					Low Estrogen
Night Sweats					
Vaginal Dryness					
Incontinence					
Bleeding Changes					Estrogen Dominance
Uterine Fibroids					
Water Retention					
Tender Breasts					
Fibrocystic Breasts					
Increased Forgetfulness					
Foggy Thinking					
Tearful					
Depressed					Adrenal
Mood Swings					
Stress					
Morning Fatigue					
Difficulty Sleeping					
Decreased Stamina					
Anxious					
Irritable					
Nervous					
Fibromyalgia					
Allergies					Thyroid
Headaches					
Sugar Cravings					
Dizzy Spells					
Cold Body Temperature					
Goiter					
Hoarseness					
Hair Dry or Brittle					
Nails Breaking or Brittle					
Constipation					
Slow Pulse Rate					Metabolic Syndrome High Androgens
Rapid Heartbeat					
Heart Palpitations					
Infertility Problems					
Acne					
Increased Facial/Body Hair					
Scalp Hair Loss					
Weight Gain - Hips					Low Androgens/ Other
Weight Gain - Waist					
High Cholesterol					
Elevated Triglycerides					
Decreased Libido					
Decreased Muscle Size					
Thinning Skin					
Ringing in Ears					
Rapid Aging					
Aches and Pains					
Bone Loss					