# Hormone Balance Inventory for Women

Name: ___________________________________ DOB: _____________ Date: _____________

Please list all hormones, supplements, or medications you are currently taking:
(Please include the exact dose you are using at the time you filled this out)
______________________________________________________________________________
______________________________________________________________________________

| | Symptom | 0 | 5 | 10 | 15 | 20 |
|---|---|---|---|---|---|---|
| | | None | Slightly | Moderate | Severe | Extreme |
| | **Symptom Group 1** | | | | | |
| | Difficulty concentrating and remembering? | | | | | |
| | Difficulties with sleep? (insomnia) | | | | | |
| | Depressed or Unhappy | | | | | |
| | Anxious | | | | | |
| | Headaches | | | | | |
| | Moodiness/ Emotional Swings | | | | | |
| | Painful / Swollen Breasts | | | | | |
| | Weight Gain/ Bloating | | | | | |
| | PMS | | | | | |
| | **Symptom Group 2** | | | | | |
| | Night Sweats | | | | | |
| | Difficulty Remembering Things | | | | | |
| | Hot Flashes | | | | | |
| | Vaginal Dryness | | | | | |
| | Dry Hair / Skin | | | | | |
| | Incontinence | | | | | |
| | Frequent Urinary Tract Infections | | | | | |
| | Inability to Reach Orgasm | | | | | |
| | Painful Intercourse | | | | | |
| | **Symptom Group 3** | | | | | |
| | Loss of Libido | | | | | |
| | Lack of desire to be Intimate | | | | | |
| | Loss of Motivation | | | | | |
| | Flat Mood | | | | | |
| | Diminished Well Being | | | | | |

Keep in mind that **too much of a hormone** can often look the same as **too little of a hormone**.

## Hormone Balance Inventory for Women

Name: ________________________________ DOB: ____________ Date: ____________

| | Symptom | 0 | 5 | 10 | 15 | 20 |
|---|---|---|---|---|---|---|
| | | None | Slightly | Moderate | Severe | Extreme |
| | **Symptom Group 4** | | | | | |
| | Puffiness and bloating | | | | | |
| | Rapid weight gain | | | | | |
| | Mood swings | | | | | |
| | Anxious depression | | | | | |
| | Insomnia | | | | | |
| | Weepiness | | | | | |
| | Cervical dysplasia (abnormal pap smear) | | | | | |
| | Breast tenderness | | | | | |
| | Heavy bleeding | | | | | |
| | Migraine headaches | | | | | |
| | Foggy thinking | | | | | |
| | Gallbladder problems | | | | | |
| **Symptom Group 5** | **Estrogen Dominance** | | | | | |
| If your scoring is between 20 and 30 in the **Excess Estrogen** - **Symptom Group 4** and **Progesterone Deficiency-** **Symptom Group 1**- sections above | | | | | | |
| | **Symptom Group 6** | | | | | |
| | Acne | | | | | |
| | Excessive hair on the face and arms | | | | | |
| | Thinning hair on the head | | | | | |
| | Ovarian cysts | | | | | |
| | Polycystic Ovary syndrome (PCOS) | | | | | |
| | Hypoglycemia and /or unstable blood sugar | | | | | |
| | Infertility | | | | | |
| | Mid-cycle pain | | | | | |
| | **Symptom Group 7** | | | | | |
| | Debilitating fatigue | | | | | |
| | Unstable blood sugar | | | | | |
| | Low blood pressure | | | | | |
| | Intolerance to exercise | | | | | |
| | Waking up in the morning and not feeling refreshed | | | | | |
| | Feel physically exhausted, but your mind continues to race | | | | | |
| | Achy muscles and/or joints | | | | | |
| | Struggling to lose weight despite dieting and exercise | | | | | |
| | Waking in the middle of the night | | | | | |

Note: You may email, fax, deliver, or mail this information to Good Day Pharmacy. Emailing does not protect the privacy of your health information. bhrt@gooddaypharmacy.com I Fax 970-224-3113 I 2001 S. Shields St, Bldg D, Ft. Collins CO 80526

## Hormone Balance Inventory for Men

Name: ___________________________________ DOB: _____________ Date: _____________

Please list all hormones, supplements, or medications you are currently taking:
(Please include the exact dose you are using at the time you filled this out)

_______________________________________________________________________________
_______________________________________________________________________________

| | Symptom | 0 | 5 | 10 | 15 | 20 |
|---|---|---|---|---|---|---|
| | | None | Slightly | Moderate | Severe | Extreme |
| | Burnt out feeling | | | | | |
| | Irritable | | | | | |
| | Insomnia | | | | | |
| | Decreased Urine flow | | | | | |
| | Hot Flashes | | | | | |
| | Erectile dysfunction | | | | | |
| | Increased urinary urge | | | | | |
| | Decreased stamina | | | | | |
| | Weight gain around waist | | | | | |
| | Prostate problems | | | | | |
| | Infertility problems | | | | | |
| | Sleep disturbances | | | | | |
| | Decreased libido | | | | | |
| | Decreased mental sharpness | | | | | |
| | Oily skin | | | | | |
| | Decreased muscle mass | | | | | |
| | Decreased erections | | | | | |
| | Apathy | | | | | |
| | Night sweats | | | | | |
| | Debilitating fatigue | | | | | |
| | Unstable blood sugar | | | | | |
| | Low blood pressure | | | | | |
| | Intolerance to exercise | | | | | |
| | Waking up in the morning and not feeling refreshed | | | | | |
| | Feel physically exhausted, but your mind continues to race | | | | | |
| | Achy muscles and/or joints | | | | | |
| | Struggling to lose weight despite diet and exercise | | | | | |
| | Waking in the middle of the night | | | | | |

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