HORMONE SYMPTOM CHECK LIST

Prepared by Nancy Siskowic, NP, CNS-BC
Nurse Practitioner Women's Health ~ Psychotherapist
310-872-4640 www.nancysiskowic.com Revised 3/2/19

Name _____ Age _____ Date_____

In the past month have I experienced?"	**0 = no**	**1 = some**	**2 = often**	**Is this a problem for you?**	
Hot flashes - night sweats...kicking covers off feet	0	1	2	Y	N
Sleep disturbance…frequent awakening or mind racing	0	1	2	Y	N
Fatigue, weakness	0	1	2	Y	N
Memory loss, foggy thinking.	0	1	2	Y	N
Depression, Irritability, mood swings, tension	0	1	2	Y	N
Easily tearful	0	1	2	Y	N
Wanting to be left alone…isolating behavior	0	1	2	Y	N
Anxiety, panic that comes and goes	0	1	2	Y	N
Heart palpitations, light-headed or dizzy (circle)	0	1	2	Y	N
Chest pressure or pain, shortness of breath	0	1	2	Y	N
Lost days from work	0	1	2	Y	N
Bloating, flatulence (gas)	0	1	2	Y	N
Muscle or joint aches and pains	0	1	2	Y	N
Hair loss, dry skin, nose bleeds, facial hair (circle)	0	1	2	Y	N
Skin 'crawling', sensitivity to touch, numbness	0	1	2	Y	N
Migraines (more frequent).	0	1	2	Y	N
Weight gain (esp. mid body).	0.	1.	2	Y	N
Occasional extreme breast tenderness	0	1	2	Y	N
Vaginal dryness, itching, burning	0	1	2	Y	N
Pain with intercourse	0	1	2	Y	N
Lessened sexual desire, drive, activity	0	1	2	Y	N
Difficulty achieving orgasm	0	1	2	Y	N
Frequent vaginal / urinary tract infections	0	1	2	Y	N
Leaking urine with cough, sneeze, laugh, exercise	0	1	2	Y	N
Leaking urine with strong sudden urge	0	1	2	Y	N

Which of the above is/are most problematic for you? _____

Other symptoms? _____