

Hormone Imbalance Symptom Chart

Name: _____

Date: _____

Please Check all Symptoms That You Are Experiencing

Women	Men
Irritability	Breast Growth
Fatigue	Heart Palpitation
Depression	Hot Flushes
Headaches	Night Sweats
Hot Flashes	Thinning Hair on Beard
Night Sweats	Thinning Hair on Body
Forgetfulness	Acne
Weight Gain	Aggression
Insomnia	Fatigue/Tired
Joint Pain/Backache	Decrease in Muscle Mass
Palpitations	Loss in Muscle Strength
Crying Spells	Increased Joint/Muscle Pain
Loss of Bladder Control	Abdominal Weight Gain
Burning or Pain upon Urination	Loss in Height
Vaginal Dryness	Low Sex Desire
Low Sexual Desire	Difficulty Maintaining Full Erections
Decreased Sexual Activity	Disturbed Sleep
Loss of Thinning of Hair	Decrease in Mental Sharpness
Breast Tenderness	Trouble Concentrating
Nails Breaking/Peeling	Less Pleasure in Personal Interest
Dry Skin	Insomnia
Nervousness/Anxiety	Loss of bladder control
Difficulty Reaching Climax	Prostate Enlargement
Fluid Retention	Depression

For Women:

Date of Last Pap Smear: _____

Date of Last Mammogram: _____

Date of Last Period: _____

Number of Days in Monthly Cycle: _____

For Men:

Date of Last PSA Exam: _____

Date of Last Prostate Exam: _____