Today’s date:

Name/Last Name:

Date of Birth:

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| SXS | Never | Occasional | Moderate | Severe |
| Abnormal vaginal bleeding  |  |  |  |  |
| Anxiety |  |  |  |  |
| Breast/nipple tenderness |  |  |  |  |
| Cold (feeling cold) |  |  |  |  |
| Constipation |  |  |  |  |
| Depressed mood |  |  |  |  |
| Difficulty losing weight  |  |  |  |  |
| Fatigue/loss energy |  |  |  |  |
| Fluid retention/swelling |  |  |  |  |
| Hair loss |  |  |  |  |
| Headaches/migraines |  |  |  |  |
| Heart palpitations |  |  |  |  |
| Hot flashes |  |  |  |  |
| Infertility |  |  |  |  |
| Insomnia |  |  |  |  |
| Loss of motivation |  |  |  |  |
| Loss of skin elasticity  |  |  |  |  |
| Loss of well being  |  |  |  |  |
| Low libido/sexual dysfunction |  |  |  |  |
| Memory loss |  |  |  |  |
| Mood swings/irritability |  |  |  |  |
| Night sweats  |  |  |  |  |
| Painful joints  |  |  |  |  |
| Painful muscles  |  |  |  |  |
| Perimenopause symptoms (PMS)  |  |  |  |  |
| Somnolence during the day  |  |  |  |  |
| Thinning hair and nails |  |  |  |  |
| Urinary incontinence |  |  |  |  |
| UTI’s (frequent) |  |  |  |  |
| Vaginal atrophy/dryness |  |  |  |  |
| Weak immune system |  |  |  |  |
| Weight gain |  |  |  |  |
| Unintentional weight loss  |  |  |  |  |
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