HORMONE HEALTH

Symptom diary

Good hormones
Good health
Good life

Name:

Month:

Prior to your consultation, it would be useful if you could complete the diary below.
Do not worry if there is not a complete month's information.
For each symptom, it is your perception of the severity that is important, so please use a scale 1 to 5 (1 mild, 5 severe) that best describe your feelings. If a symptom is not relevant, just leave blank.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hot flushes																															
Night sweats																															
Poor sleep																															
Low libido																															
Hair loss																															
Vaginal dryness																															
Bleeding																															
Loss of efficiency																															
Irritability																															
Weight gain																															
Difficulty concentrating																															
Tiredness																															
Mood swings																															
Tension																															
Restlessness																															
Depression																															
Swollen/Bloated																															
Breast tenderness																															
Headaches																															
Food cravings																															
Acne																															
Pelvic pain																															