Hormonal Symptom/ Relief Checklist

The following is a checklist of symptoms associated with a decline in natural hormones. Place a check in the box next to the symptom if you experience it. After completing a six-week trial program, re-evaluate your symptoms for comparison.

Symptom	1st Visit (Pretreatment)	3rd Visit (Relief)	4th Visit (Relief)
Forgetfulness	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Headaches	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Inability to concentrate	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Memory loss	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Word searching	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Crying spells	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Depression	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Heart palpitations	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Insomnia	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Irritability	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone

Symptom	1st Visit (Pretreatment)	3rd Visit (Relief)	4th Visit (Relief)
Loss of interest in most things	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Panic attacks	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Inability to deal with stressful situations	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Worry needless-ly	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Backache	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Fatigue/Lethargy	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Joint pain	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Burning with urination	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Urine leakage	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Irritable bowel problems	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Decreased sexual desire	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Painful inter-course	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Vaginal dryness	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Dry eyes	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone

Symptom	1st Visit (Pretreatment)	3rd Visit (Relief)	4th Visit (Relief)
Dry skin	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Hot flashes, night sweats	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Skin crawling	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Breast pain	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Cold hands and feet	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Weight gain	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Heavy, painful menstrual flow	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Fibromyalgia symptoms	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Migraine head-aches	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Interstitial Cystitis	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Decreased visu-al acuity	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Thinning scalp hair	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone
Bright light, eye sensitivity	❑Yes ❑No	❑Improved ❑Gone	❑Improved ❑Gone