

Hormone Checklist

Below are a few of the more common imbalances seen in our hormone systems today. Take this short quiz to see if you may be imbalanced. Mark each question with a (N) for never, (S) for sometimes, and a (F) for frequent.

1. _____ Do you experience hot flashes?
2. _____ Do you have night sweats?
3. _____ Have you experienced crying spells over things that wouldn't usually make you cry?
4. _____ Do you have vaginal dryness or pain during intercourse?
5. _____ Do you get frequent bladder infections?
6. _____ Do you struggle with redcurrant yeast infections?
7. _____ Do you have leakage from the bladder when you cough or sneeze?
8. _____ Do you wake up often throughout the night?
9. _____ Do you experience anxiousness or rapid heartbeat?
10. _____ Have you noticed reduced fullness in your breasts?
11. _____ Do you have dry eyes, dry hair, or skin?
12. _____ Do you have decreased sense of well being?
13. _____ Have you tried unsuccessfully to become pregnant?
14. _____ Do you have heavy periods?
15. _____ Have you been diagnosed with fibrocystic breasts?
16. _____ Are your menstrual cycles irregular?
17. _____ Do you experience sudden mood swings?
18. _____ Do you pass blood clots during menstruation?
19. _____ Do you have painful periods?
20. _____ Do you have difficulty concentrating, sometimes called brain fog?
21. _____ Do you wake up between 3:00 and 5:00 a.m. unable to go back to sleep?
22. _____ Do you crave sweets?
23. _____ Are you tired or have low energy?
24. _____ Do you suffer from PMS?
25. _____ Do you have constipation?
26. _____ Do you suffer from depression?
27. _____ Do you retain water (your rings feel tight, ankle swelling)?
28. _____ Do you have headaches?
29. _____ Do you have low sex drive?
30. _____ Are you irritable?
31. _____ Have you been diagnosed with uterine fibroids?
32. _____ Is your face puffy?
33. _____ Have you gained weight around your hips and stomach?
34. _____ Do you have difficulty reaching an orgasm?
35. _____ Do you have a decreased amount of strength?
36. _____ Has your endurance for physical exercise decreased?
37. _____ Have you lost significant muscle mass in your body?

38. _____ Do you find it more difficult to become sexually aroused?
39. _____ Do you have acne as an adult?
40. _____ Do you have excessive hair growth on your chin, upper lip, or breast area?
41. _____ Do you have male-pattern baldness (receding hairline or bald spot)?
42. _____ Do you have excessively oily skin or hair?
43. _____ Do you have an excessive sex drive?
44. _____ Do you have a body temperature below 98.6 degrees?
45. _____ Have you experienced hair loss on your body or head?
46. _____ Do you have cold hands and feet?
47. _____ Do you have insomnia?
48. _____ Are you intolerant to cold weather?
49. _____ Do you become out of breath easily?
50. _____ Is your voice hoarse?
51. _____ Do you suffer from insomnia?
52. _____ Do you have frequent bowel movements (more than three times per day)?
53. _____ Do your hands have a shaky tremor?
54. _____ Do you feel heart palpitations?
55. _____ Do you experience breathlessness?
56. _____ Do you feel like you have excessive exhaustion?
57. _____ Does your period flow for one or two days, then stop for one or two days, then start again for two or three more days?
58. _____ Do you feel lightheaded shortly after standing up?
59. _____ Do you have difficulty getting up in the morning?
60. _____ Do you need coffee or other stimulants to get you going in the morning?
61. _____ Do you crave sugar or salty foods?
62. _____ Do you tremble when under pressure?
63. _____ Do you have pain in your upper back or neck for no apparent reason?