**Icon

Description automatically generatedFemale Symptom Checklist**

Place an “X” for EACH symptom you are currently experiencing. *Please mark only* ***ONE*** *box.*

For symptoms that do not apply, please mark 0.

**LEAST MOST**

0 1 2 3 4

1. **Hot flashes, sweating** (episodes of sweating) ☐ ☐ ☐ ☐ ☐
2. **Heart discomfort** (unusual awareness of heart beat, ☐ ☐ ☐ ☐ ☐

heart skipping, heart racing, tightness)

1. **Sleep problems** (difficulty in falling asleep, difficulty ☐ ☐ ☐ ☐ ☐

sleeping through the night, waking up early)

1. **Depressive mood** (feeling down, sad, on the verge of tears, ☐ ☐ ☐ ☐ ☐

lack of motivation, mood swings)

1. **Anxiety/Irritability** (feeling nervous, inner tension, feeling aggressive) ☐ ☐ ☐ ☐ ☐
2. **Memory, confidence, and cognition**  ☐ ☐ ☐ ☐ ☐
3. **Physical and mental exhaustion** (general Changes in performance, ☐ ☐ ☐ ☐ ☐

**impaired memory**, Changes in concentration, forgetfulness)

1. **Sexual problems** (change in sexual desire, ☐ ☐ ☐ ☐ ☐

in sexual activity, and satisfaction)

1. **Bladder problems** (difficulty urinating, increased need to urinate, ☐ ☐ ☐ ☐ ☐

bladder incontinence)

1. **Vaginal dryness** (sensation of dryness or burning in the vagina,☐ ☐ ☐ ☐ ☐

difficulty or pain with sexual intercourse)

1. **Joint and muscular discomfort** (joint pain,☐ ☐ ☐ ☐ ☐

rheumatoid complaints)

**Please share any additional comments about your symptoms you would like to address.**

\_ \_

**Total \_\_\_\_\_\_\_\_\_\_\_**

**Do you have cold hands and feet?** ☐Yes ☐ No

**How many times per week do you engage in moderate physical activity? 🡺** *Physical activity that increases heart rate/ breathing*

☐ 0-1 day per week ☐ 2-3 days per week ☐ More than 3 days per week

**Please check any prior hormone therapy:**

☐ Birth Control: Pills, Patches, Rings ☐ Depo-Provera (shot) ☐ Hormonal IUD (not copper)

☐ Nexplanon/Implanon (arm implant) ☐ Progesterone ☐ IVF Treatment

☐ HRT for Menopause ☐ DHEA ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_