



BHRT TRAINING
A C A D E M Y

SIGNS AND SYMPTOMS *of* HORMONE IMBALANCE CHECKLIST

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| ADAPTED FROM: | Hormones and HRT Training Manual <i>by Donna White</i> |
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SIGNS + SYMPTOMS FEMALE HORMONE IMBALANCE

| Progesterone Deficiency | Estrogen Deficiency | Testosterone Deficiency | Thyroid Deficiency | Cortisol Deficiency |
|---|--|--|--|--|
| <p><i>Physical symptoms or related conditions:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Weight gain <input type="checkbox"/> Low body temp <input type="checkbox"/> Headaches* <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Hair loss <input type="checkbox"/> Fluid retention* <input type="checkbox"/> Allergies/Sinusitis <input type="checkbox"/> Bone loss <input type="checkbox"/> Acne* <input type="checkbox"/> Facial hair <input type="checkbox"/> Foggy thinking <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Sleep disturbances <p><i>Gynecological symptoms or related conditions:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Breast pain/cysts <input type="checkbox"/> PMS <input type="checkbox"/> Fibroids <input type="checkbox"/> Heavy cycles <input type="checkbox"/> Irregular cycles <input type="checkbox"/> Cycles too frequent <input type="checkbox"/> Endometriosis <input type="checkbox"/> Cramps <input type="checkbox"/> Infertility <input type="checkbox"/> Miscarriage <p><i>Emotional symptoms or related conditions:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Irritability <input type="checkbox"/> Tendency to be stressed easily* <input type="checkbox"/> Mood Swings* <p>*Especially premenstrual</p> <p>Total: <input type="text"/></p> | <p><i>Physical symptoms or related conditions:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hot flashes <input type="checkbox"/> Poor memory <input type="checkbox"/> Poor concentration <input type="checkbox"/> Bone loss <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Hair loss <input type="checkbox"/> Dry skin/eyes <input type="checkbox"/> Insomnia <input type="checkbox"/> Headaches <input type="checkbox"/> High blood sugar <input type="checkbox"/> Macular degeneration <input type="checkbox"/> Tooth loss <input type="checkbox"/> Colon cancer <input type="checkbox"/> Facial hair <input type="checkbox"/> Joint pain <input type="checkbox"/> Acne <input type="checkbox"/> Weight gain <input type="checkbox"/> Fatigue <input type="checkbox"/> Wrinkles <p><i>Gynecological symptoms or related conditions:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Lighter/no cycles <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> Urinary Tract Infections <input type="checkbox"/> Incontinence <input type="checkbox"/> Frequent urination <p><i>Emotional symptoms or related conditions:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Carbohydrate cravings <input type="checkbox"/> Low libido and sexual sensation <input type="checkbox"/> Poor stress tolerance <p>Total: <input type="text"/></p> | <p><i>Physical symptoms or related conditions:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Wrinkles <input type="checkbox"/> Thinning skin / nails <input type="checkbox"/> Aches and pains <input type="checkbox"/> Hair loss <input type="checkbox"/> Loss of muscle tone <input type="checkbox"/> Fatigue <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Insomnia <input type="checkbox"/> Bone loss <input type="checkbox"/> Hot Flashes <input type="checkbox"/> Changes in cognition and memory <input type="checkbox"/> Endometriosis <input type="checkbox"/> Weight gain <p><i>Gynecological symptoms or related conditions:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Painful intercourse <input type="checkbox"/> Incontinence <input type="checkbox"/> Loss of pubic hair <input type="checkbox"/> Impaired sexual function <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> Incontinence <p><i>Emotional symptoms or related conditions:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Loss of libido <input type="checkbox"/> Depression <input type="checkbox"/> Weepy <input type="checkbox"/> Lack of motivation <input type="checkbox"/> Reduced sense of well-being <p>Total: <input type="text"/></p> | <p><i>Physical symptoms or related conditions:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fatigue/exhaustion <input type="checkbox"/> Cold hands and feet <input type="checkbox"/> Weight gain <input type="checkbox"/> Memory lapse <input type="checkbox"/> High cholesterol <input type="checkbox"/> Low blood pressure <input type="checkbox"/> Decreased sweating <input type="checkbox"/> Hair loss <input type="checkbox"/> Aches/pain <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Bone loss <input type="checkbox"/> Infertility <input type="checkbox"/> Constipation <input type="checkbox"/> Depression <input type="checkbox"/> Low body temperature <input type="checkbox"/> Inability to lose weight <input type="checkbox"/> Poor concentration <input type="checkbox"/> Puffy eyes/face <input type="checkbox"/> Slow pulse <input type="checkbox"/> Dry hair/skin <input type="checkbox"/> Brittle nails <input type="checkbox"/> Low libido <input type="checkbox"/> Sleep disturbances <input type="checkbox"/> Thinning skin <input type="checkbox"/> Slowed reflexes <input type="checkbox"/> Hoarseness <input type="checkbox"/> Thinning eyebrows or lashes <input type="checkbox"/> Hot flashes <input type="checkbox"/> Miscarriage <p>Total: <input type="text"/></p> | <p><i>Physical symptoms or related conditions:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fatigue <input type="checkbox"/> Exhaustion <input type="checkbox"/> Apathy <input type="checkbox"/> Feeling overwhelmed <input type="checkbox"/> Decreased stress tolerance <input type="checkbox"/> Low blood sugar <input type="checkbox"/> Low blood pressure <input type="checkbox"/> Allergies <input type="checkbox"/> Stress <input type="checkbox"/> Irritability <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Sugar or salt cravings <input type="checkbox"/> Chemical sensitivity <input type="checkbox"/> Frequent infections <input type="checkbox"/> Rashes <input type="checkbox"/> Cold body temperature <input type="checkbox"/> Arthritis <input type="checkbox"/> Aches/pain <p>Total: <input type="text"/></p> |
| | <p>Excess Estrogen</p> <ul style="list-style-type: none"> <input type="checkbox"/> Weight gain <input type="checkbox"/> Fluid retention* <input type="checkbox"/> Hormonal and Premenstrual headaches <input type="checkbox"/> Irritability <input type="checkbox"/> Breast pain*, Fibrocystic Breast Disease <input type="checkbox"/> Uterine fibroids <input type="checkbox"/> Heavy bleeding <input type="checkbox"/> Irregular bleeding <input type="checkbox"/> Clots w/cycle <input type="checkbox"/> Short cycles <input type="checkbox"/> Endometriosis <input type="checkbox"/> Depression <input type="checkbox"/> Food cravings <p>*Especially premenstrual</p> <p>Total: <input type="text"/></p> | <p>Excess Testosterone</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acne/oily skin <input type="checkbox"/> Facial hair <input type="checkbox"/> Thinning scalp hair <input type="checkbox"/> Excess body hair <input type="checkbox"/> Mid-cycle pain <input type="checkbox"/> Pain in nipples <input type="checkbox"/> Ovarian cysts <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Aggression, irritability <input type="checkbox"/> Angry easily <input type="checkbox"/> Irregular cycles <input type="checkbox"/> PCOS / ovarian cysts <input type="checkbox"/> Infertility <p>Total: <input type="text"/></p> | <p>Insulin Imbalance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fatigue after meals <input type="checkbox"/> Weak, shaky, brain fog and headaches when missing a meal <input type="checkbox"/> Poor concentration <input type="checkbox"/> High blood pressure <input type="checkbox"/> High triglycerides <input type="checkbox"/> High cholesterol <input type="checkbox"/> Weight gain <input type="checkbox"/> Abdominal obesity <input type="checkbox"/> Sugar cravings <input type="checkbox"/> Low HDL <input type="checkbox"/> Hot flashes <input type="checkbox"/> High blood sugar <p>Total: <input type="text"/></p> | <p>Excess Cortisol</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sleep disturbances <input type="checkbox"/> Tired but wired feeling <input type="checkbox"/> Low libido <input type="checkbox"/> Cravings <input type="checkbox"/> Stressed feeling <input type="checkbox"/> Irritability <input type="checkbox"/> Bone loss <input type="checkbox"/> Loss of muscle mass <input type="checkbox"/> Thinning skin <input type="checkbox"/> Breast cancer <input type="checkbox"/> Headaches <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Insomnia <input type="checkbox"/> Low mood <input type="checkbox"/> Fluid retention <input type="checkbox"/> Poor concentration <input type="checkbox"/> Insulin resistance <input type="checkbox"/> Abdominal weight gain <input type="checkbox"/> Symptoms of other hormone imbalance <p>Total: <input type="text"/></p> |

Note: More than 5 symptoms in any category indicates the need for hormone testing.