



## Florida Health & Wellness Institute Female Hormone Health Personal Assessment

		<<MILD			MODERATE				>>SEVERE		
Hot flashes	N/A	1	2	3	4	5	6	7	8	9	10
Night sweats	N/A	1	2	3	4	5	6	7	8	9	10
Vaginal dryness	N/A	1	2	3	4	5	6	7	8	9	10
Painful intercourse	N/A	1	2	3	4	5	6	7	8	9	10
Thinner skin	N/A	1	2	3	4	5	6	7	8	9	10
Decreased breast tissue	N/A	1	2	3	4	5	6	7	8	9	10
Sleep disruption	N/A	1	2	3	4	5	6	7	8	9	10
Irritability	N/A	1	2	3	4	5	6	7	8	9	10
Nervousness	N/A	1	2	3	4	5	6	7	8	9	10
Mood swings	N/A	1	2	3	4	5	6	7	8	9	10
Depression	N/A	1	2	3	4	5	6	7	8	9	10
Cramps	N/A	1	2	3	4	5	6	7	8	9	10
Breakthrough bleeding	N/A	1	2	3	4	5	6	7	8	9	10
Breast tenderness	N/A	1	2	3	4	5	6	7	8	9	10
Fluid retention	N/A	1	2	3	4	5	6	7	8	9	10
Headaches	N/A	1	2	3	4	5	6	7	8	9	10
Decreased sex drive	N/A	1	2	3	4	5	6	7	8	9	10
Harder to reach climax	N/A	1	2	3	4	5	6	7	8	9	10
Decreased motivation	N/A	1	2	3	4	5	6	7	8	9	10
Decreased self-confidence	N/A	1	2	3	4	5	6	7	8	9	10
Fatigue	N/A	1	2	3	4	5	6	7	8	9	10
Loss of recent memory	N/A	1	2	3	4	5	6	7	8	9	10
Dry skin	N/A	1	2	3	4	5	6	7	8	9	10
Arthritis	N/A	1	2	3	4	5	6	7	8	9	10
Hair loss	N/A	1	2	3	4	5	6	7	8	9	10
Urinary incontinence	N/A	1	2	3	4	5	6	7	8	9	10
Weight gain	N/A	1	2	3	4	5	6	7	8	9	10
Weight loss	N/A	1	2	3	4	5	6	7	8	9	10
Sensitivity to heat	N/A	1	2	3	4	5	6	7	8	9	10
Sensitivity to cold	N/A	1	2	3	4	5	6	7	8	9	10

**Patient Signature**

**Date**