Natural Healing Centers

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Hormone Balance Symptom Survey Form

(Paraphrased from the book by Dr. John Lee, MD, *What Your Doctor May No Tell You About Menopause* and *What Your Doctor May Not Tell You About Premenopause,* as well as from various newsletters published by [www.johnleemd.com](http://www.johnleemd.com)*)*

# Find out if your symptoms are due to a hormonal imbalance.

1. Read carefully through the list of symptoms in each group, and put a check mark next to each symptom that you have. (If you check off the same symptom in more than one group, that's fine.)
2. Go back and count the check marks in each group. In any group where you have two or more symptoms checked off, there's a good chance that you have the hormone imbalance represented by that group.
3. The more symptoms you check off, the higher the likelihood that you have the hormone imbalance represented by that group. (Some people may have more than one type of hormonal imbalance.)

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| HORMONE BALANCE TEST FOR WOMEN: | | |
| SYMPTOM GROUP 1 | | |
| * PMS | * Insomnia | * Early Miscarriage |
| * Unexplained Weight Gain | * Anxiety | * Cyclical Headaches |
| * Infertility | * Painful and/or Lumpy Breasts | |
| TOTAL BOXES CHECKED: |  | |
| If you have checked 2 or more boxes in this group, turn to the answers to find out what type of hormonal imbalance you may have. | | |
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| SYMPTOM GROUP 2 | | |
| * Vaginal Dryness | Night Sweats | * Painful Intercourse |
| * Memory Problems | Bladder Infections | * Lethargic Depression |
| * Hot Flashes | | |
| TOTAL BOXES CHECKED: |  | |
| If you have checked 2 or more boxes in this group, turn to the answers to find out what type of hormonal imbalance you may have. | | |
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| SYMPTOM GROUP 3 | | |
| * Puffiness and Bloating | * Rapid Weight Gain | * Cervical Dysplasia (abnormal pap smear) |
| * Breast Tenderness | * Mood Swings | * Heavy Bleeding |
| * Anxious Depression | * Migarine Headaches | * Insomnia |
| * Foggy Thinking | * Red Flush on Face | * Gallbladder Problems |
| * Weepiness |  | |
| TOTAL BOXES CHECKED: |  | |
| If you have checked 2 or more boxes in this group, turn to the answers to find out what type of hormonal imbalance you may have. | | |
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| SYMPTOM GROUP 4 | | |
| * A Combination of the Symptoms in Groups #1 and #3 | | |
|  | **SYMPTOM GROUP 5** |  |
| * Acne | * Excessive Hair on the Face and Arms | * Thinning Hair on the Head |
| * Ovarian Cysts | * Polycystic Ovarian Syndrome | * Hypoglycemia and/or Unstable Blood Sugar |
| * Infertility | * Mid-Cycle Pain | |
| TOTAL BOXES CHECKED: |  | |
| If you have checked 2 or more boxes in this group, turn to the answers to find out what type of hormonal imbalance you may have | | |
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| SYMPTOM GROUP 6 | | |
| * Debilitating Fatigue | * Foggy Thinking | * Unstable Blood Sugar |
| * Low Blood Pressure | * Thin and/or Dry Skin | * Intolerance to Excersise |
| * Brown Spots on Face |  | |
| TOTAL BOXES CHECKED: |  | |
| If you have checked 2 or more boxes in this group, turn to the answers to find out what type of hormonal imbalance you may have | | |
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