

NAME :

DATE :

## NEW DIMENSIONS FAMILY CARE, PLLC

### WOMEN'S HEALTH HORMONE SELF-ASSESSMENT

**To what degree do you experience the following?**

SYMPTOM	NONE	SLIGHTLY	MODERATE	SEVERE
Difficulty Concentrating				
Can't Sleep (Insomnia)				
Anxious				
Moodiness/Emotional Swings				
Depressed or Unhappy				
Difficulty Remembering Things				
Brain Fog				
Headaches				
Painful or Swollen Breasts				
Weight gain/ Bloating				
PMS				
Night Sweats				
Hot Flashes				
Vaginal Dryness				
Dry Hair/Skin				
Painful Intercourse				
Lack of Sexual Desire				
Inability to Reach Orgasm				
Fatigue/Loss of Energy				
Incontinence				
Frequent Urinary Tract Infections				

**THANK YOU!**

---

---