

SWING WOMEN'S HEALTH AND WELLNESS

HORMONE CONSULT QUESTIONNAIRE

How old were you when you had your first menstrual period? _____

When was the first day of your last menstrual period? _____

How old were you when you entered menopause? _____

<u>Symptom</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Hot flashes	_____	_____	_____
Night sweats	_____	_____	_____
Vaginal dryness	_____	_____	_____
Painful intercourse	_____	_____	_____
Decreased sex drive	_____	_____	_____
Difficulty with orgasm	_____	_____	_____
Urinary incontinence	_____	_____	_____
Trouble falling asleep	_____	_____	_____
Trouble staying asleep	_____	_____	_____
Fatigue	_____	_____	_____
Moodiness	_____	_____	_____
Anxiety	_____	_____	_____
Depression	_____	_____	_____
Trouble concentrating	_____	_____	_____
Memory changes	_____	_____	_____
Word-find problems	_____	_____	_____
Brain fog	_____	_____	_____
Dry skin	_____	_____	_____
Hair loss	_____	_____	_____
Palpitations	_____	_____	_____
Joint pain	_____	_____	_____
Weight gain	_____	_____	_____

Please list any other issues you would like to discuss. _____

What is your greatest concern? _____

Have you ever taken hormones in the past? If so, please list what you took, when you took it, and any side effects that you encountered. _____
