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VitaCare Natural Health Clinic Hormone Questionnaire

Do you experience irregular menstrual cycles? Do you ever skip periods?

depression, cramps, cravings, bloating, etc??	
Are you excessively fatigued even after a good night sleep? • Y • N	
Do you have cravings for salt, sugar, chocolate? • Y • N	
Do you have difficulty falling asleep staying asleep or getting up in the morning? • Y • N	
Are you experiencing high amounts of stress, anxiety, depression? • Y	

Do you experience excessive/unwanted hair growth or acne past puberty, or are you losing hair?

Do you have excessive amounts of premenstrual symptoms including breast tenderness, irritability,

Do you experience constipation or diarrhea?

Y

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N

Do you have hot flashes or night sweats?

- Y
- N

Do you have very little ability to tolerate either cold or heat. Do you have a hard time regulating your body temperature?

Y

N

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Have you	experienceu	recent weight gain	01 1033, 01 00	i you nave a	unneun unne	iosilig ol i	ilialilitalililig v	weight:

- Y
- N

Do you have dry skin and/or hair?

- Y
- N

Do you experience low libido?

- Y
- N

Do you or are you experiencing difficulty conceiving or maintaining a pregnancy? Have you been diagnosed with infertility?

- Y
- N

If you have checked YES to <u>any</u> of the above, there is a good chance your hormones are out of balance. This could be your thyroid, your sex hormones, your adrenals or any combination of these. At VitaCare we have the tools, knowledge and resources to help you fine tune a program towards balancing your hormones and living your best life, naturally!!

Disclaimer: The information gleaned from this questionnaire is for informational purposes only. It is not intended as a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your primary care provider/naturopathic physician with any questions you may have.