

## BHRT CHECKLIST FOR WOMEN

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Symptom (please check mark)**

**Never**

**Mild**

**Moderate**

**Severe**

**Depressive mood**

(feeling down/sad/lack of drive)

**Memory Loss**

(forgetfulness)

**Mental confusion**

(feeling in a mental fog)

**Decreased sex drive/libido**

(decreased desire for sex)

**Sleep problems**

(difficulty falling/staying asleep/wake up tired)

**Mood changes/Irritability**

**Tension**

**Migraine/severe headaches**

**Difficult to climax sexually**

**Bloating**

**Weight gain**

**Breast tenderness**

**Vaginal dryness**

**Hot flashes**

**Night sweats**

**Dry and Wrinkled Skin**

**Hair is Falling Out**

**Cold all the time**

**Swelling all over the body**

**Joint pain**

**Other symptoms that concern you:**
