



## BHRT Checklist For Women

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

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

E-Mail: \_\_\_\_\_

| Symptom (please check mark)  | Never | Mild | Moderate | Severe |
|------------------------------|-------|------|----------|--------|
| Depressive mood              |       |      |          |        |
| Fatigue                      |       |      |          |        |
| Memory Loss                  |       |      |          |        |
| Mental confusion             |       |      |          |        |
| Decreased sex drive/libido   |       |      |          |        |
| Sleep problems               |       |      |          |        |
| 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                   |       |      |          |        |

### Family History

|                     | NO | YES |
|---------------------|----|-----|
| Heart Disease       |    |     |
| Diabetes            |    |     |
| Osteoporosis        |    |     |
| Alzheimer's Disease |    |     |
| Breast Cancer       |    |     |