



Female Hormone Symptom Diary

Name: _____

SYMPTOMS: Rate 1-10 (10 is the worst)	Before Treatment Date:	1 st Insertion Date:	2 nd Insertion Date:	3 rd Insertion Date:	4 th Insertion Date:	5 th Insertion Date:	6 th Insertion Date:
Fatigue							
Insomnia							
Lack of Sexual Desire							
Poor Memory							
Weight Gain							
Depression							
Anxiety							
Muscle Weakness							
Migraine Headaches							
Hair Loss							
Dry Skin							
Facial Hair							
Nausea							
Muscle Pain							
Joint Pain							
Foggy Mind							
Loss of Well Being							
Poor Results from Exercise							
Painful Intercourse							
Vaginal Dryness							
Night Sweats							
Hot Flashes							