Could It Be Hormonal Self-Assessment

Hormones influence many aspects of health, including energy levels, sleep, mood, metabolism, and cognitive clarity. When hormone levels shift, changes in how you feel physically and emotionally can sometimes follow. Taking a moment to step back and assess these experiences can provide helpful insight into your overall health. This assessment is designed to help you reflect on common symptoms that may be influenced by hormonal changes and support more informed conversations with your healthcare provider.

**Using a scale of 1–10, rate each item according to what best reflects your current experience (1 = not present or affecting life, 10 = severe and significantly affecting daily life).*

Have you noticed **unusual fatigue or low energy**, even after adequate rest?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Are you experiencing **difficulty falling asleep, staying asleep, or waking feeling unrested**?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How noticeable have **mood changes** been (irritability, anxiety, low mood, emotional swings)?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Are you experiencing **brain fog, forgetfulness, or difficulty concentrating**?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How much have you noticed **changes in your menstrual cycle** (irregular timing, heavier/lighter bleeding, skipped cycles)?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Are you experiencing **unexplained weight changes or difficulty maintaining your usual weight**?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How noticeable are **hot flashes, night sweats, or sudden changes in body temperature**?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How much have you experienced **changes in skin, hair, or nails** (dry skin, hair thinning, acne, brittle nails)?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How much have you noticed **changes in libido or sexual comfort**?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How much are these symptoms **impacting your day-to-day quality of life**?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Additional observations or details you'd like to keep in mind:

This self-assessment is designed to support personal reflection and informed conversations with your healthcare provider. It is not intended to diagnose or treat any medical condition. For medical advice, diagnosis, or treatment, please consult a licensed healthcare professional. For personal use only.

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