HAPPY HORMONE COTTAGE

Symptom Survey

Help us understand how you have been feeling. Your answers guide your first visit — at Happy Hormone Cottage, we treat your symptoms, not just lab numbers.

Name: _____ Date of birth: _____ Today's date: _____

How to complete: For each symptom, check one box for how it has affected you **over the past month** — **0** = None · **1** = Mild · **2** = Moderate · **3** = Severe

Symptom	0 None	1 Mild	2 Moderate	3 Severe
Body & Sleep				
Hot flashes	☐	☐	☐	☐
Night sweats	☐	☐	☐	☐
Trouble falling or staying asleep	☐	☐	☐	☐
Fatigue / low energy	☐	☐	☐	☐
Weight gain	☐	☐	☐	☐
Joint or muscle aches	☐	☐	☐	☐
Headaches	☐	☐	☐	☐
Heart palpitations	☐	☐	☐	☐
Hair thinning or loss	☐	☐	☐	☐
Dry skin	☐	☐	☐	☐
Mind & Mood				
Brain fog / forgetfulness	☐	☐	☐	☐
Difficulty concentrating	☐	☐	☐	☐
Mood swings	☐	☐	☐	☐
Irritability	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐
Depressed mood	☐	☐	☐	☐
Low motivation	☐	☐	☐	☐
Feeling overwhelmed	☐	☐	☐	☐
Sexual & Urinary Health				
Low sex drive	☐	☐	☐	☐
Vaginal dryness	☐	☐	☐	☐
Discomfort during intimacy	☐	☐	☐	☐
Urinary urgency	☐	☐	☐	☐
Urinary leakage	☐	☐	☐	☐
Frequent urination at night	☐	☐	☐	☐
Cycle Changes — if you are still menstruating				
Irregular periods	☐	☐	☐	☐
Heavy or longer periods	☐	☐	☐	☐
Breast tenderness	☐	☐	☐	☐
PMS symptoms getting worse	☐	☐	☐	☐

Your top 3 goals for therapy

_____

_____

_____

Anything else you would like your provider to know?

_____