Weight Loss and Natural Hormone Balancing Clinic
Kathryn DeSantis, Family Nurse Practitioner
Ph. (801) 272-1246
www.WeightLossAndHormoneBalancing.com

SYMPTOM SCREENING

Name: _____ Date: _____

For questions 1 thru 13, on a scale of 0-4, please circle the number which best describes your symptoms.

	None	Rare	Mild	Frequent	Severe
1. Fatigue, tiredness or loss of energy	0	1	2	3	4
2. Decrease in physical stamina	0	1	2	3	4
3. Feelings of depression; a sense that work, or other activities have lost their significance	0	1	2	3	4
4. Dry skin on face or hands	0	1	2	3	4
5. Increase in waist size	0	1	2	3	4
6. Weight gain, especially around mid-section	0	1	2	3	4
7. Increased fat distribution in chest area or hips	0	1	2	3	4
8. Feeling burned out, loss of motivation	0	1	2	3	4
9. Increase in aches, joint and muscle pains	0	1	2	3	4
10. Frequent use of alcohol – now or in the past	0	1	2	3	4
11. Problems with impotence	0	1	2	3	4
12. Increased irritability, anger or bad temper	0	1	2	3	4
13. Decrease in muscle mass	0	1	2	3	4

14. Your age: _____ The age you feel: _____