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	N	atura	ai Ho	ormo	ne Repi	acement TI	nerapy (NH eek 1	IRI) - Week	ay Sy	mp	tom	LOC	Sne	eet	w	eek 2	
Symptom Rating								Φ	1 Г	Symptom Rating							0
Symptom	Absent	Mild	Moderate	Severe	Date	Estrogen Dosage & Frequency	Progesterone Dosage & Frequency	Testosterone Dosage & Frequency		Absent	Mild	Moderat e	Severe	Date	Estrogen Dosage & Frequency	Progesterone Dosage & Frequency	Testosterone Dosage & Frequency
Fibrocystic Breasts Weight Gain																	
Craving for Sweets Heavy/Irregular Menses			1	-					-								
Breakthrough Bleeding (note days) Uterine Fibroids																	
Cramps																	
Hot Flashes									<u> </u>								
Night Sweats Sleep Disturbances/Insomnia Dry Skin/Hair																	
Heart Palpitations																	
Acne																	
Anxiety									<u> </u>								
Depression Headaches									-								
Loss of Memory									-								
Foggy Thinking/Forgetfulness Irritability																	
Mood Swings																	
Breast Tenderness/Swelling			<u> </u>						<u> </u>								
Fluid Retention/Puffiness/Bloating Fatigue			-						-								
Bladder Symptoms/Incontinence									-								
Arthritis / Aches & Pains									-								
Decreased Sex Drive/Enjoyment																	
Vaginal Dryness																	
Cold Body Temperature									_								
Frequent Constipation Thin or Brittle Nails			-						-								
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Fibrocystic Breasts																	
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Dry Skin/Hair			1						_								
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Record symptoms and dosages every week - preferably the same day each week. Be an accurate historian of how you are feeling.

Do not make changes to your dosage without first consulting with your prescriber.

Vaginal Dryness
Cold Body Temperature Frequent Constipation
Thin or Brittle Nails

Hair Loss