

Pituitary Patient Resource Guide

The Women's Assessment Calendar

Name: _____ Age: _____ Month/Year: _____

Symptom Rating Scale: **1-Mild** – does not interfere with normal activities.
 2-Moderate – interferes with normal activities.
 3-Severe – unable to perform normal activities.

Instruction: Find today's date column and fill in your rating for each symptom.

Rate all of the symptoms daily during the month at about the same time of each day.

Calendar Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Acne															
Bloatedness															
Breast fullness															
Breast tenderness															
Dry skin															
Fatigue															
Hot flashes															
Joint aches & pain															
Night sweats															
Palpitations															
Vaginal dryness															
Violent															
Waking up tired															
Weight gain															
Weight loss															
Crying															
Depressions															
Hyper-sensitivity															
Irritability															
Mood swings															
Nervousness															
Paranoid															
Poor self-esteem															
Tension															
Avoiding socializing															
Fear losing control															
Feel like another person															
Forgetful															
Inability to concentrate															
Need to escape															
Wish to be alone															
Alcohol consumption															
Craving salty foods															
Craving sweet foods															
Menses ("X" at onset)															

Hormone: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Growth hormone															
Prednisone															
DDAVP															
Estrogen															
Progesterone															
Thyroid															
Testosterone															

Tear Outs and Order Forms

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