



MENOPAUSE AWARENESS WORKSHEET

1. List your TOP 5 Symptoms (rate them in order of severity)

2. How does this affect you personally?

- a) Work _____
- b) Health _____
- c) Relationships _____

3. Is this something you really want to change?

4. Are you happy staying where you are?

5. In an ideal world what does success look like?

6. Are you ready to put yourself first and embrace self-care?

HORMONE TESTING & WEIGHT LOSS

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