



The Hormone Health Checklist

12 Signs Your Hormones May Be
Working Against You
(And What to Actually Do About It)

A free guide from RevitalizeMe
Evidence-based. Provider-reviewed. No BS.
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Your Hormones Are Trying to Tell You Something

If you've spent any time on TikTok or Instagram lately, you've probably seen it: influencers selling "hormone balancing" supplements, promising that a handful of ashwagandha and some seed cycling will fix your fatigue, your stubborn weight, your disappearing sex drive, and your mood swings all at once.

Here's the thing — they're half right. Your instinct that something hormonal is going on? That instinct is probably correct. But the advice? That's where social media gets it dangerously wrong.

Hormones are your body's operating system. They regulate your metabolism, energy, mood, sleep, libido, body composition, skin, hair — essentially everything that makes you feel like yourself. When that operating system starts glitching, you don't get one symptom. You get several, often seemingly unrelated ones, all at the same time. And that's the part most people miss.

You go to your doctor about fatigue. They check your iron. You mention weight gain — they tell you to eat less. You bring up brain fog — maybe they suggest more sleep. But what if all three symptoms have the same root cause?

This guide is the credible, provider-reviewed version of what social media is trying to explain. No supplement hustles. No pseudo-science. Just the 12 most common signs that your hormones may be working against you, what's likely happening biologically, and what to actually do about it.

Important: This guide is for educational purposes only. We're not diagnosing anything — we're giving you a framework to recognize when it's time to have a real conversation with a provider. That conversation can change everything.

How Your Hormones Actually Work — The 60-Second Version

You don't need a biochemistry degree to understand this. Here's what matters:

Your endocrine system is a network of glands that produce hormones — chemical messengers that travel through your bloodstream and tell your organs what to do. The key players include testosterone (yes, women produce it too — it's essential for energy, libido, and muscle mass in both sexes), estrogen and progesterone (which regulate far more than reproduction — they impact mood, sleep, bone density, skin, and cognition), thyroid hormones like T3 and T4 (which set the pace of your metabolism), cortisol (your stress hormone, which affects everything from

fat storage to immune function), and insulin (which controls how your body processes and stores energy from food).

The critical thing to understand is that these hormones don't work in isolation. They're interconnected in feedback loops. When one goes off, it often pulls others with it. Low testosterone can drive weight gain, which increases insulin resistance, which disrupts cortisol, which interferes with sleep, which further lowers testosterone. It's a cascade.

That's why you might feel like you have five different problems when you actually have one underlying hormonal issue. And that's exactly why a checklist approach — looking at the full picture — is more useful than chasing individual symptoms.

The 12 Signs

Check the ones that apply to you. We'll score your results at the end.

SIGN #1

Unexplained Weight Gain — Especially Around the Midsection

Affects: Men and Women | Common hormones involved: Insulin, Cortisol, Testosterone, Estrogen, Thyroid

You haven't changed what you eat. You haven't stopped exercising. But the scale keeps climbing, and the weight seems to settle right around your belly. This is one of the most frustrating symptoms because it feels like a personal failure — but it's often a biological signal.

Abdominal fat accumulation is closely linked to insulin resistance, where your cells stop responding efficiently to insulin and your body starts storing more energy as fat. In men, declining testosterone levels shift body composition toward more fat and less muscle. In women, the estrogen decline that comes with perimenopause redirects fat storage from hips and thighs to the abdomen. And an underactive thyroid can slow your metabolic rate by 30–40%, making weight gain almost inevitable regardless of diet.

What to do: If you're gaining weight without a clear dietary or lifestyle explanation — especially visceral fat around your midsection — it's worth asking your provider to check fasting insulin, thyroid function (TSH, free T3, free T4), and sex hormones (testosterone for men; estradiol and progesterone for women).

SIGN #2

Persistent Fatigue That Sleep Doesn't Fix

Affects: Men and Women | Common hormones involved: Testosterone, Thyroid, Cortisol, Progesterone

Everyone gets tired. But there's a difference between "I stayed up too late" tired and "I slept eight hours and still feel like I'm running on 40%" tired. The second one is a red flag.

Low testosterone is one of the most common — and most overlooked — causes of persistent fatigue in both men and women. In men, testosterone naturally declines about 1–2% per year after age 30, and by 45–50 many men are operating at significantly reduced levels. In women, testosterone is often never even tested, despite the fact that it plays a major role in energy, motivation, and mental sharpness. Hypothyroidism (an underactive thyroid) is another classic driver — it literally slows down every metabolic process in your body. And chronic cortisol dysregulation, often from prolonged stress, can leave you wired at night and exhausted during the day.

What to do: Don't accept "you're just getting older" as an answer. Ask for a comprehensive panel: total and free testosterone, TSH, free T3, free T4, and a morning cortisol level. These are simple blood tests that can reveal a clear, treatable cause.

SIGN #3

Low or Disappearing Sex Drive

Affects: Men and Women | Common hormones involved: Testosterone, Estrogen, Progesterone

This one is personal, and it's the symptom most people are least likely to bring up with a doctor. But a significant drop in libido — especially one that feels sudden or out of character — is often hormonal, not psychological.

Testosterone is the primary driver of sexual desire in both men and women. When levels drop, interest in sex often drops with it. In women, the decline of estrogen during perimenopause and menopause can also cause vaginal dryness, discomfort during sex, and reduced arousal, which compounds the issue. For men, low testosterone can also affect erectile function independently of cardiovascular causes, creating a frustrating cycle where desire, performance, and confidence all decline together.

What to do: This is a treatable symptom, not something you have to "accept." Testosterone levels can be checked with a simple blood draw. For women, estrogen and progesterone levels should be evaluated alongside testosterone. Effective treatments exist across the spectrum, from hormone replacement to targeted medications.

SIGN #4

Hair Thinning or Loss

Affects: Men and Women | Common hormones involved: DHT/Testosterone, Thyroid, Estrogen

For men, hair loss is often driven by DHT (dihydrotestosterone), a byproduct of testosterone that shrinks hair follicles over time. This is male pattern baldness, and it affects roughly 50 million

men in the U.S. The key insight most men miss is that treatment works best when started early — it's far easier to maintain existing hair than to regrow what's already gone.

For women, hair thinning is more diffuse and often tied to thyroid dysfunction, iron deficiency, or the hormonal shifts of perimenopause and postpartum. Estrogen supports hair growth, so when levels decline, hair can thin across the entire scalp rather than at the hairline. PCOS (polycystic ovary syndrome) can also cause hair loss due to elevated androgens.

What to do: For men: finasteride blocks DHT conversion and is effective for 80–90% of men. For women: get thyroid, iron, and hormone panels checked. In both cases, early intervention is key. Hair loss is a slow process, and the earlier you address the underlying hormone, the better the outcome.

SIGN #5

Mood Swings, Anxiety, or Depression That Appeared “Out of Nowhere”

Affects: Primarily Women (but Men too) | Common hormones involved: Estrogen, Progesterone, Testosterone, Thyroid

If you've always been emotionally steady and suddenly feel like you're on a rollercoaster — or if anxiety or low mood showed up without an obvious life stressor — hormones may be driving the bus.

Estrogen has a direct effect on serotonin and other neurotransmitters that regulate mood. During perimenopause, estrogen doesn't decline in a smooth line — it fluctuates wildly, sometimes spiking and crashing within the same week. This can create mood swings, sudden anxiety, irritability, or depressive episodes that feel inexplicable. In men, low testosterone is strongly associated with depression, irritability, and reduced motivation, though it's rarely the first thing a provider checks.

What to do: If mood changes don't correlate with life events, request a hormone evaluation before assuming it's purely psychological. This isn't about replacing mental health support — it's about making sure the underlying biology is accounted for. Many patients find that addressing the hormonal piece makes therapy and lifestyle changes far more effective.

SIGN #6

Brain Fog and Difficulty Concentrating

Affects: Men and Women | Common hormones involved: Thyroid, Estrogen, Testosterone

You used to be sharp. Now you lose your train of thought mid-sentence, forget what you walked into a room for, or struggle to focus on tasks that used to come easily. Brain fog is one of the most common — and most dismissed — symptoms of hormonal imbalance.

Thyroid hormones directly affect cognitive processing speed and mental clarity. Even “subclinical” hypothyroidism — where your TSH is technically in range but at the high end — can impair concentration. Estrogen is neuroprotective and supports memory and cognitive function, which is why many women experience brain fog as a hallmark of perimenopause. Low testosterone in men has also been associated with reduced mental sharpness and slower processing.

What to do: Brain fog is a symptom, not a diagnosis. If it's persistent and affecting your work or daily function, a hormone panel can help determine whether your thyroid, sex hormones, or both are contributing. Don't settle for “it's probably stress.”

SIGN #7

Difficulty Building or Maintaining Muscle

Affects: Primarily Men (but Women too) | Common hormones involved: Testosterone, Growth Hormone, Cortisol

You're lifting consistently, eating protein, doing the work — and your body isn't responding the way it used to. Or worse, you're losing muscle mass despite maintaining the same routine. This can be deeply frustrating, but it's a clear signal.

Testosterone is the primary anabolic hormone responsible for muscle protein synthesis and lean mass maintenance. When levels decline — whether from age, stress, sleep deprivation, or other factors — your body becomes less efficient at building and retaining muscle tissue. Elevated cortisol from chronic stress actively breaks down muscle (it's catabolic). And for anyone on GLP-1 weight loss medications like semaglutide or tirzepatide, research shows that 26–40% of weight lost can come from lean mass without targeted protein intake and resistance training.

What to do: If you're training and not seeing results, or losing muscle despite effort, check your testosterone levels. Also evaluate your protein intake — most people need 1.2–1.6 g/kg of body weight daily to maintain muscle, and significantly more if you're actively losing weight. A provider can help determine whether hormone optimization would support your goals.

SIGN #8

Sleep Disruption (Trouble Falling or Staying Asleep)

Affects: Primarily Women (but Men too) | Common hormones involved: Progesterone, Cortisol, Estrogen

You're exhausted, but you can't fall asleep. Or you fall asleep fine but wake up at 3 AM wired. Or you're drenched in sweat at 2 AM. Sleep disruption is one of the earliest and most impactful symptoms of hormonal imbalance.

Progesterone is your body's natural calming hormone — it promotes sleep by enhancing the effect of GABA, a neurotransmitter that slows brain activity. As progesterone declines during perimenopause, many women find that their sleep quality deteriorates dramatically. Night

sweats, driven by estrogen fluctuations, can wake you multiple times per night. And cortisol dysregulation — where your cortisol peaks at the wrong time — can leave you wired at bedtime when you should be winding down.

What to do: If sleep hygiene isn't solving the problem (you've tried the cold room, dark room, no screens — all of it), the issue may be biochemical, not behavioral. Progesterone levels are worth evaluating, especially for women in their late 30s and 40s. Cortisol patterns can also be assessed through testing.

SIGN #9

Skin Changes: Adult Acne, Dryness, or Accelerated Aging

Affects: Primarily Women (but Men too) | Common hormones involved: Androgens, Estrogen, Thyroid

Acne that shows up in your 30s or 40s is almost always hormonal. Unlike teenage acne driven by puberty, adult acne — especially along the jawline, chin, and lower cheeks — is typically triggered by androgen fluctuations or PCOS.

Estrogen keeps skin hydrated, elastic, and promotes collagen production. As estrogen declines, skin can become drier, thinner, and more prone to fine lines — sometimes seemingly overnight. Women often describe a sudden “aging” of their skin during perimenopause, where changes happen faster than expected. Hypothyroidism can also cause dry, rough skin and brittle nails because your metabolic processes are slowing down, including skin cell turnover.

What to do: If skincare products aren't making a dent, the issue may be deeper than your skincare routine can reach. Hormonal adult acne often responds better to addressing the underlying androgen imbalance than to topical treatments alone. For skin aging concerns, estrogen evaluation is worth discussing with a provider.

SIGN #10

Erectile Dysfunction or Difficulty with Performance

Affects: Men | Common hormones involved: Testosterone, Cortisol, Thyroid

ED is more common than most men realize — it affects roughly 30 million men in the U.S. And while it's often assumed to be a blood flow issue (which it can be), hormonal factors play a significant role that's frequently overlooked.

Low testosterone can reduce sexual desire and make it harder to achieve or maintain erections, even in otherwise healthy men. But here's something many men don't know: ED can also be an early warning sign for cardiovascular disease. The blood vessels in the penis are smaller than those in the heart, so they often show dysfunction first. This means ED isn't just a quality-of-life issue — it can be a signal that deserves medical attention.

What to do: Don't ignore it, and don't assume it's "in your head." A provider should evaluate testosterone levels, cardiovascular risk factors, and other hormonal contributors. Effective treatments exist — from medications like sildenafil and tadalafil to hormone optimization — and most men see significant improvement.

SIGN #11

Irregular or Changing Menstrual Cycles

Affects: Women | Common hormones involved: Estrogen, Progesterone, Thyroid, Androgens

Your periods have always been predictable, and now they're not. They're heavier, lighter, closer together, further apart, or skipping months entirely. Cycle changes are your body's most direct signal that something hormonal has shifted.

Perimenopause often begins in a woman's early to mid-40s — but for some women, it starts in the late 30s. The ovaries begin producing less estrogen and progesterone, but not in a predictable decline — levels fluctuate dramatically, which is why cycles become irregular before they stop entirely. Thyroid dysfunction can also disrupt cycles, as can PCOS, where elevated androgens interfere with ovulation. The average age of menopause in the U.S. is 52, but the transition phase (perimenopause) can last 7–10 years. Many women spend years experiencing symptoms without realizing what's happening.

What to do: Track your cycles (apps like Clue or Flo make this easy). If you notice a significant change in pattern, length, or flow, bring that data to a provider. It's some of the most useful diagnostic information you can provide. A hormone panel including estradiol, progesterone, FSH, and thyroid function can clarify what's driving the change.

SIGN #12

Stubborn Weight That Won't Respond to Diet and Exercise

Affects: Men and Women | Common hormones involved: Insulin, Thyroid, Cortisol, Testosterone, Estrogen

This is the big one. You're doing everything "right" — eating well, exercising, sleeping — and the weight won't budge. Or it comes off painfully slowly and rebounds the moment you relax. The failure rate for traditional diets is around 95%. That's not because 95% of people lack willpower. It's because biology is powerful.

Insulin resistance makes your body preferentially store fat instead of burning it. Hypothyroidism lowers your basal metabolic rate. Chronic cortisol elevation promotes fat storage, especially visceral fat. And declining sex hormones shift your body composition toward fat and away from metabolically active muscle tissue. In many cases, the hormonal deck is stacked against you, and no amount of caloric restriction alone will overcome it.

What to do: Stop blaming yourself. You're not failing at weight loss — your biology may be working against you. A comprehensive evaluation of metabolic and sex hormones can reveal treatable causes. For some patients, addressing the hormonal piece unlocks weight loss that had been impossible before. For others, medications like GLP-1 receptor agonists (semaglutide, tirzepatide) can work alongside hormonal optimization to produce meaningful, sustained results.

Your Score: What These Signs Mean

Count the signs that apply to you, then find your range below:

1–3 Signs	<p>Mild — Worth Monitoring</p> <p>Your hormones may be mildly off, or these could be lifestyle-related. Start with the foundations: prioritize sleep (7–9 hours), increase protein intake, add strength training, and manage stress. If symptoms persist or worsen over the next 2–3 months, consider getting a baseline hormone panel.</p>
4–7 Signs	<p>Moderate — Time to Get Labs</p> <p>Multiple symptoms in this range strongly suggest a hormonal component. Lifestyle changes alone are unlikely to resolve this. You should get bloodwork to establish a clear picture of where your hormones stand. Bring this checklist with you — it gives your provider a comprehensive snapshot of what you're experiencing.</p>
8+ Signs	<p>Significant — Your Hormones Are Likely Affecting Your Quality of Life</p> <p>At this level, hormonal imbalance is almost certainly impacting how you feel, function, and live day to day. A clinical evaluation isn't optional — it's overdue. The good news: hormonal issues at this severity level are often the most responsive to treatment. Many patients describe the feeling as "getting their life back."</p>

What to Do Next — Your Action Plan

Step 1: Lock In the Foundations

Regardless of where you scored, these lifestyle foundations support healthy hormone function and make any clinical treatment more effective:

Sleep: 7–9 hours of quality sleep. This is non-negotiable. Growth hormone, testosterone, and cortisol regulation all depend on sleep architecture. Poor sleep is a hormone disruptor on par with chronic stress.

Protein: Aim for 1.2–1.6 grams per kilogram of body weight daily. Protein supports muscle maintenance, metabolic rate, and satiety. If you're on a GLP-1 medication, this becomes even more critical.

Strength Training: Resistance exercise 2–4 times per week is the single most powerful natural stimulus for testosterone production and muscle preservation. This applies to both men and women.

Stress Management: Chronic stress keeps cortisol elevated, which disrupts nearly every other hormone in your body. This doesn't mean you need to meditate for an hour a day — even brief practices like walking, deep breathing, or simply reducing overcommitment can make a meaningful difference.

Step 2: Get the Right Lab Work

If you scored 4 or higher, ask your provider for these tests. If they push back, advocate for yourself — these are standard labs with clinical significance:

For Everyone: Total and Free Testosterone, TSH, Free T3, Free T4, Fasting Insulin, Fasting Glucose, HbA1c, Morning Cortisol, Vitamin D, Complete Metabolic Panel (CMP). For Women: Add Estradiol, Progesterone, FSH, LH, DHEA-S. For Men: Add Estradiol, SHBG (Sex Hormone Binding Globulin), PSA.

Bring this list to your appointment. Many providers will order these without hesitation when you present a clear symptom picture — which this checklist gives you.

Step 3: Know When to Consider Treatment

If your labs confirm what your symptoms are telling you, treatment options exist across the spectrum. Hormone replacement therapy (HRT) for women going through perimenopause or menopause can address multiple symptoms simultaneously — mood, sleep, energy, libido, skin, and bone health. Testosterone replacement therapy (TRT) for men with clinically low testosterone can restore energy, body composition, motivation, and sexual function. Thyroid medication for hypothyroidism can normalize metabolism and resolve fatigue, weight gain, and brain fog. GLP-1 medications can address metabolic weight that hasn't responded to diet and exercise alone. Targeted treatments for hair loss, ED, and skin concerns can be tailored based on the hormonal picture.

The important thing is to get the data first. Hormonal treatment is precise, not one-size-fits-all. The right labs give you and your provider the information needed to make smart decisions.

Ready to Find Out What's Really Going On?

If this checklist hit close to home, you're not alone. Millions of people live with hormonal symptoms for years without connecting the dots — because no one gave them the framework to see the full picture.

RevitalizeMe was built to fix that gap. We're an all-encompassing telehealth platform that offers personalized treatment across weight management (including GLP-1 medications), men's hormone health (TRT), women's hormone health (HRT), hair loss, sexual wellness, and skincare — all under one roof, with real providers who actually listen.

No weeks-long wait for an appointment. No arguing with your doctor about what tests to run. No cookie-cutter treatment plans.

Schedule a free consultation at revitalizeme.com — We'll help you understand your symptoms, determine the right labs, and build a personalized plan to help you feel like yourself again.

Medical Disclaimer

The information provided in this guide is for educational purposes only and is not intended as medical advice, diagnosis, or treatment. Always consult with a qualified healthcare provider before starting any treatment or making changes to your health regimen. Individual results may vary. This guide has been reviewed for medical accuracy but does not replace a clinical evaluation.

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