FEMALE HORMONE SYMPTOMS

Instructions: Please respond to the questions by putting an “X” on the square in front of the word that most represents the frequency of each symptom.

**ELEVATED ESTROGENS IN RELATION TO TESTOSTERONE OR PROGESTERONE**

 Tearfulness □ Absent □ Mild □ Moderate □ Severe

 Diagnosed endometriosis □ Absent □ Mild □ Moderate □ Severe

 Weight gain □ Absent □ Mild □ Moderate □ Severe

Nipple tenderness □ Absent □ Mild □ Moderate □ Severe

Fatigue □ Absent □ Mild □ Moderate □ Severe

Fluid retention □ Absent □ Mild □ Moderate □ Severe

 Lower abdominal pain near cycle □ Absent □ Mild □ Moderate □ Severe

 Infertility □ Absent □ Mild □ Moderate □ Severe

 Irregular periods □ Absent □ Mild □ Moderate □ Severe

Heavy flow with periods □ Absent □ Mild □ Moderate □ Severe

Mixture of brown and red blood with periods □ Absent □ Mild □ Moderate □ Severe

Infrequent periods □ Absent □ Mild □ Moderate □ Severe

 Breast fibroids □ Absent □ Mild □ Moderate □ Severe

 Uterine fibroids □ Absent □ Mild □ Moderate □ Severe

 Changes in nipple color □ Absent □ Mild □ Moderate □ Severe

**EITHER ELEVATED PROGESTERONE OR TESTOSTERONE IN RELATION TO ESTROGENS**

 Insulin resistance □ Absent □ Mild □ Moderate □ Severe

**ELEVATED ESTROGENS AND/OR PROGESTERONE**

Sore breasts around period □ Absent □ Mild □ Moderate □ Severe

Sore breasts all of the time □ Absent □ Mild □ Moderate □ Severe

 Spotting of blood □ Absent □ Mild □ Moderate □ Severe

Sexual dysfunction □ Absent □ Mild □ Moderate □ Severe

 Frequent periods □ Absent □ Mild □ Moderate □ Severe

 Prolonged cycles □ Absent □ Mild □ Moderate □ Severe

**ELEVATED TESTOSTERONE IN RELATION TO ESTROGENS AND PROGESTERONE**

 Mood swings □ Absent □ Mild □ Moderate □ Severe

 Irritability □ Absent □ Mild □ Moderate □ Severe

 Painful intercourse □ Absent □ Mild □ Moderate □ Severe

**LOW ESTROGENS (OR MASSIVE SHIFTS IN ESTROGENS) IN RELATION TO TESTOSTERONE OR PROGESTERONE**

 Vaginal dryness □ Absent □ Mild □ Moderate □ Severe

 Headaches around cycles □ Absent □ Mild □ Moderate □ Severe

 Forgetfulness with what I want to say □ Absent □ Mild □ Moderate □ Severe

 Dry eyes □ Absent □ Mild □ Moderate □ Severe

 Brain fog □ Absent □ Mild □ Moderate □ Severe

**HIGH OR LOW ESTROGENS IN RELATION TO PROGESTERONE OR TESTOSTERONE**

 Pain in multiple areas □ Absent □ Mild □ Moderate □ Severe

 Low sex drive □ Absent □ Mild □ Moderate □ Severe

**HIGH DHEA (STRESS OR PCOS) OR TESTOSTERONE**

 Acne □ Absent □ Mild □ Moderate □ Severe

 Facial hair growth (conversion to DHT) □ Absent □ Mild □ Moderate □ Severe

 Diagnosed poly cystic ovarian syndrome □ Absent □ Mild □ Moderate □ Severe

 Present cysts on ovaries □ Absent □ Mild □ Moderate □ Severe

 Blood sugar elevation □ Absent □ Mild □ Moderate □ Severe

**LOW PROGESTERONE IN RELATION TO ESTROGENS**

 Menstrual cramping □ Absent □ Mild □ Moderate □ Severe

 Difficulty falling asleep □ Absent □ Mild □ Moderate □ Severe

 Interrupted sleep □ Absent □ Mild □ Moderate □ Severe

 History of miscarriages □ Absent □ Mild □ Moderate □ Severe

 Depression □ Absent □ Mild □ Moderate □ Severe

**ANY ONE OR COMBINATION OF LOW PROGESTERONE, TESTOSTERONE OR ESTRADIOL IN RELATION TO OTHER STEROID HORMONES**

 Loss of bone mass □ Absent □ Mild □ Moderate □ Severe

 Frequent bone fractures □ Absent □ Mild □ Moderate □ Severe

 Hot flashes □ Absent □ Mild □ Moderate □ Severe

 Night sweats □ Absent □ Mild □ Moderate □ Severe

 Depression □ Absent □ Mild □ Moderate □ Severe

 Vaginal discharge □ Absent □ Mild □ Moderate □ Severe

**ELEVATED SHBG WITH LOW FREE TESTOSTERONE OR LOW TESTOSTRONE WITH OPTIMAL SHBG IN RELATION TO ESTROGENS AND/OR PROGESTERONE**

 Loss of muscular tone □ Absent □ Mild □ Moderate □ Severe

 Difficulty with decisions □ Absent □ Mild □ Moderate □ Severe

 Low libido □ Absent □ Mild □ Moderate □ Severe

 Unexplained back pain □ Absent □ Mild □ Moderate □ Severe

**OTHER FEMALE CONDITIONS**

 Cervical cancer history □ Absent □ Mild □ Moderate □ Severe

 Breast cancer history □ Absent □ Mild □ Moderate □ Severe

Unexplained nipple discharge □ Absent □ Mild □ Moderate □ Severe

Uterine cancer □ Absent □ Mild □ Moderate □ Severe

Yeast infections (frequent) □ Absent □ Mild □ Moderate □ Severe

Urinary tract infections (recurrent) □ Absent □ Mild □ Moderate □ Severe

Please list any **curren**t hormone treatments (including birth control): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any **past** hormone therapies (including birth control):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please circle “yes” or “no” for your response: If your periods are irregular have you missed them for more than a year? **Yes No**

If history of birth control then GI Questionnaire needs filled out and a Diagnos-techs stool/salivary analysis may need to be done to assess for fungal overgrowth.