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.