

HORMONAL ASSESSMENT FORM

Name: Age: Sex: Date:

PART-1

Please list your 5 major health concerns in order of importance:

1.
2.
3.
4.
5.

PART-2

Please circle the appropriate number on all questions below. Take the time, be honest. No judgments, there is no right or wrong answers. Some of the questions are repeatable – be repeatable with the process.

SECTION 1

	NEVER		ALWAYS		
	0	1	2	3	4
1. My breasts are large.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I'm nervous and agitated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I sleep lightly and restlessly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions are for women who have not yet reached menopause, and menopausal women who are taking hormone replacement therapy (estrogen or estrogen and progesterone)

5. My breasts are swollen and tender or painful before my period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My lower belly is swollen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I'm irritable and aggressive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I lose my self-control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have heavy periods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. And they are continuously painful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 1-A

Part a - Do you have or have you experienced in the past six months..

- Agitation or PMS?
- Cyclical headaches (particularly menstrual or hormonal migraines)? Painful and/or swollen breasts?
- Irregular menstrual cycles, or cycles becoming more frequent as you age?
- Heavy or painful periods (heavy: going through a superpad or tampon every two hours or less; painful: you can't function without ibuprofen)?
- Bloating, particularly in the ankles and belly, and/or fluid retention (in other words, you gain 3 to 5 pounds or more before your period)?
- Ovarian cysts, breast cysts, or endometrial cysts (polyps)?
- Easily disrupted sleep?
- Itchy or restless legs, especially at night?
- Increased clumsiness or poor coordination?
- Infertility or subfertility (you've been trying hard to conceive but haven't hit the official twelve-month mark of no conception—six months if you're thirty-five or older)?
- Miscarriage in the first trimester?

SECTION 1-B

	NEVER		ALWAYS		
	0	1	2	3	4
1. My face has gotten slack and more wrinkled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I've lost muscle tone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My belly tends to get fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I'm constantly tired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel like making love less often than I used to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signs Symptoms (MEN ONLY)

6. My breasts are getting fatty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel less self-confident and more hesitant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My sexual performance is poorer than it used to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have hot flashes and sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I tire easily with physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 1-C

	NEVER		ALWAYS		
	0	1	2	3	4
1. My hair is thinning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My cheeks sag.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My gums are receding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My abdomen is flabby. I've got a spare tire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My muscles are slack.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My skin is thin and/or dry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. It's hard to recover after physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel exhausted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I don't like the world. I tend to isolate myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel continuously anxious and worried.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 1-D

	NEVER		ALWAYS		
	0	1	2	3	4
1. My hair is dry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My skin and eyes are dry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My muscles are flabby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My belly is getting fat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I don't have much hair under my arm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I don't have much hair in the pubic area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I don't have much fatty tissue in the pubic area (flat "mound of Venus" in women) (0-padded 4-flat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My body doesn't have much of a special scent during sexual arousal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I can't tolerate noise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My libido is low.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION B

	NEVER		ALWAYS		
	0	1	2	3	4
1. I'm sensitive to cold.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My hands and feet are always cold.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the morning my face is puffy and my eyelids are swollen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I put on weight easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have dry skin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have trouble getting up in the morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel more tired at rest than when I'm active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am constipated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My joints are stiff in the morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel like I'm living in slow motion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION B-1

Do you have or have you experienced in the past six months...

- Hair loss, including of the outer third of your eyebrows and/or eyelashes?
- Dry skin?
- Dry, straw like hair that tangles easily?
- Thin, brittle fingernails?
- Fluid retention or swollen ankles?
- An additional few pounds, or even 20 pounds, that you just can't lose? High cholesterol?
- Bowel movements less often than once a day, or you feel you don't completely evacuate?
- Recurrent headaches?
- Decreased sweating?
- Muscle or joint aches or poor muscle tone (you became an old lady overnight)?
- Tingling in your hands or feet?
- Cold hands and feet? Cold intolerance? Heat intolerance?
- A sensitivity to cold (you shiver more easily than others and are always wearing layers)?
- Slow speech, perhaps with a hoarse or halting voice?
- A slow heart rate, or bradycardia (fewer than 60 beats per minute, and not because you're an elite athlete)?
- Lethargy (you feel like you're moving through molasses)?
- Fatigue, particularly in the morning?
- Slow brain, slow thoughts? Difficulty concentrating?
- Sluggish reflexes, diminished reaction time, even a bit of apathy?
- Low sex drive, and you're not sure why?
- Depression or moodiness (the world is not as rosy as it used to be)?
- A prescription for the latest antidepressant but you're still not feeling like yourself?
- Heavy periods or other menstrual problems?
- Infertility or miscarriage? Preterm birth?
- An enlarged thyroid/goiter? Difficulty swallowing? Enlarged tongue?
- A family history of thyroid problems?

SECTION C

SECTION C-1

	NEVER		ALWAYS		
	0	1	2	3	4
1. I am losing my hair on top of my head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I'm getting thin, vertical wrinkles above my lips.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My breasts are droopy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My face is too hairy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My eyes are dry and easily irritated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have hot flashes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel tired constantly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My menstrual flow is light.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Women with periods: My cycles are irregular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Women without periods: I do not feel like making love anymore	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION C-2

Do you have or have you experienced in the past six months...

- Poor memory (you walk into a room to do something, then wonder what it was, or draw a blank midsentence)?
- Emotional fragility, especially compared with how you felt ten years ago?
- Depression, perhaps with anxiety or lethargy (or, more commonly, dysthymia: low-grade depression that lasts more than two weeks)?
- Wrinkles (your favorite skin cream no longer works miracles)?
- Night sweats or hot flashes?
- Trouble sleeping, waking up in the middle of the night?

- A leaky or overactive bladder?
- Bladder infections?
- Droopy breasts, or breasts lessening in volume?
- Sun damage more obvious, even glaring, on your chest, face, and shoulders?
- Achy joints (you feel positively geriatric at times)?
- Recent injuries, particularly to wrists, shoulders, lower back, or knees?
- Loss of interest in exercise?
- Bone loss?
- Vaginal dryness, irritation, or loss of feeling (as if there were layers of blankets between you and the now-elusive toe-curling orgasm)?
- Lack of juiciness elsewhere (dry eyes, dry skin, dry clitoris)?
- Low libido (it's been dwindling for a while, and now you realize it's half or less than what it used to be)?
- Painful sex?

SECTION C-3

Do you have or have you experienced in the past six months...

- Bloating, puffiness, or water retention?
- Abnormal Pap smears?
- Heavy bleeding or postmenopausal bleeding?
- Rapid weight gain, particularly in the hips and butt?
- Increased bra-cup size or breast tenderness?
- Fibroids?
- Endometriosis, or painful periods? (Endometriosis is when pieces of the uterine lining grow outside of the uterine cavity, such as on the ovaries or bowel, and cause painful periods.)
- Mood swings, PMS, depression, or just irritability?
- Weepiness, sometimes over the most ridiculous things? Mini breakdowns? Anxiety?
- Migraines or other headaches?
- Insomnia?
- Brain fog?
- A red flush on your face (or a diagnosis of rosacea)?
- Gallbladder problems (or removal)?

SECTION D

- Fatigue or burnout (you use caffeine to bolster your energy, or fall asleep while reading or watching a movie)?
- Loss of stamina, particularly in the afternoon, from two to five?
- An atypical addiction to a negative point of view?
- Crying jags for no particular reason?
- Decreased problem-solving ability?
- Feeling stressed most of the time (everything seems harder than before, and you have trouble coping)? or Decreased stress tolerance?
- Insomnia or difficulty staying asleep, especially between one and four in the morning?
- Low blood pressure (not always a good thing, since your blood pressure determines the correct amount of oxygen to send through your body, especially into your brain)?
- Postural hypotension (you stand up from lying down and feel dizzy)?
- Difficulty fighting infection (you catch every virus you meet, particularly respiratory)? Difficulty recovering from illness or surgery or healing wounds?
- Asthma? Bronchitis? Chronic cough? Allergies?
- Low or unstable blood sugar?
- Salt cravings?
- Excess sweating?
- Nausea, vomiting, or diarrhea? Or loose stool alternating with constipation?
- Muscle weakness, especially around the knee? Muscle or joint pain?
- Hemorrhoids or varicose veins?
- Your blood seems to pool easily, or your skin bruises easily?
- A thyroid problem that's been treated, you feel better, and suddenly you feel palpitations or have rapid or irregular heartbeats (a sign of a low cortisol/low thyroid combo)?

SECTION D-1

Do you have or have you experienced in the past six months...

- A feeling you're constantly racing from one task to the next?
- Feeling wired yet tired?
- A struggle calming down before bedtime, or a second wind that keeps you up late?
- Difficulty falling asleep or disrupted sleep?
- A feeling of anxiety or nervousness—can't stop worrying about things beyond your control?
- A quickness to feel anger or rage—frequent screaming or yelling?
- Memory lapses or feeling distracted, especially under duress?
- Sugar cravings (you need "a little something" after each meal, usually of the chocolate variety)? Increased abdominal circumference, greater than 35 inches (the dreaded abdominal fat, or muffin top—not bloating)?
- Skin conditions such as eczema or thin skin (sometimes physiologically and psychologically)?
- Bone loss (perhaps your doctor uses scarier terms, such as osteopenia or osteoporosis)?
- High blood pressure or rapid heartbeat (unrelated to those cute red shoes in the store window)? High blood sugar (maybe your clinician has mentioned the words prediabetes or even diabetes or insulin resistance)? or Shakiness between meals, also known as blood sugar instability?
- Indigestion, ulcers, or GERD (gastroesophageal reflux disease)?
- More difficulty recovering from physical injury than in the past?
- Unexplained pink to purple stretch marks on your belly or back?
- Irregular menstrual cycles?
- Decreased fertility?

SECTION E

Do you have or have you experienced in the past six months...

- Excess hair on your face, chest, or arms?
- Acne?
- Greasy skin and/or hair?
- Thinning head hair (which makes you question the justice of it all if you're also experiencing excess hair growth elsewhere)?
- Discoloration of your armpits (darker and thicker than your normal skin)?
- Skin tags, especially on your neck and upper torso? (Skin tags are small, flesh-colored growths on the skin surface, usually a few millimeters in size, and smooth. They are usually noncancerous and develop from friction, such as around bra straps. They do not change or grow over time.)
- Hyperglycemia or hypoglycemia and/or unstable blood sugar?
- Reactivity and/or irritability, or excessively aggressive or authoritarian episodes?

- Depression? Anxiety?
- Menstrual cycles occurring more than every thirty-five days?
- Ovarian cysts?
- Midcycle pain?
- Infertility? Or subfertility?
- Polycystic ovary syndrome?

SECTION F

Circle Yes or No

1. Do you have a hard time getting up in the morning?	<input type="radio"/>	<input type="radio"/>
2. Do you always feel tired in the afternoon?	<input type="radio"/>	<input type="radio"/>
3. Do you lack sexual desire?	<input type="radio"/>	<input type="radio"/>
4. Does your penis or clitoris seem less sensitive?	<input type="radio"/>	<input type="radio"/>
5. Are your erections not firm enough?	<input type="radio"/>	<input type="radio"/>
6. Have you lost your attraction toward your partner?	<input type="radio"/>	<input type="radio"/>
7. Do you lack vaginal lubrication?	<input type="radio"/>	<input type="radio"/>
8. Do you sleep poorly?	<input type="radio"/>	<input type="radio"/>
9. Do you have trouble concentrating?	<input type="radio"/>	<input type="radio"/>
10. Do you suffer from short or long term memory loss?	<input type="radio"/>	<input type="radio"/>
11. Do you have trouble concentrating?	<input type="radio"/>	<input type="radio"/>
12. Wrinkles on your face along the nose, smile lines, forehead creases?	<input type="radio"/>	<input type="radio"/>
13. Do you have little wrinkles around the eyes and crows feet?	<input type="radio"/>	<input type="radio"/>
14. Do you have age spots?	<input type="radio"/>	<input type="radio"/>
15. Do you have dry thin skin?	<input type="radio"/>	<input type="radio"/>
16. Are you losing your hair or is it turning gray?	<input type="radio"/>	<input type="radio"/>
17. Is your abdomen too plump? Is it distended?	<input type="radio"/>	<input type="radio"/>
18. Women: Are your breast too large? Do they get larger before your period?	<input type="radio"/>	<input type="radio"/>
19. Are your buttocks and thighs too well padded? Are you pear shaped?	<input type="radio"/>	<input type="radio"/>
20. Do you suffer from constant fatigue?	<input type="radio"/>	<input type="radio"/>
21. Do you have high blood pressure?	<input type="radio"/>	<input type="radio"/>
22. Are you anxious, nervous, or irritable?	<input type="radio"/>	<input type="radio"/>
23. Do small things set you off?	<input type="radio"/>	<input type="radio"/>
24. Are you depressed?	<input type="radio"/>	<input type="radio"/>
25. Do you have arthritis?	<input type="radio"/>	<input type="radio"/>
26. Do you have osteoarthritis in the hip?	<input type="radio"/>	<input type="radio"/>
27. Do you have fibromyalgia (sharp shoulder pain)?	<input type="radio"/>	<input type="radio"/>
28. Have you lost muscle mass, tone, strength?	<input type="radio"/>	<input type="radio"/>
29. Do you have bone loss of the spine, hips, hands, wrist & feet?	<input type="radio"/>	<input type="radio"/>

Please list any medications you currently take and for what conditions:

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Please list any natural supplements you currently take and for what conditions

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