



## HORMONE QUESTIONNAIRE

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

(Rank the following questions 1=Low, 10= High)	MILD				MODERATE				SEVERE	
	1	2	3	4	5	6	7	8	9	10
<b>PROGESTERONE</b>										
Difficulty Concentrating										
Can't Sleep (Insomnia)										
Depressed or Unhappy										
Anxious										
Headaches										
Moodiness/Emotional Swings										
Painful and/or swollen Breasts										
Weight Gain/Bloating										
PMS										
<b>ESTROGEN</b>										
Night Sweats										
Memory Loss										
Hot Flashes										
Vaginal Dryness										
Dry Hair/Skin										
Incontinence										
Frequent Urinary Infection										
Difficulty to Reach Orgasm										
Painful Intercourse										
<b>TESTOSTERONE</b>										
Loss of Libido										
Lack of Desire to be Intimate										
Loss of motivation										
Flat Mood										
Diminished Well Being										
Loss of Muscle Tone										
<b>GENERAL WELL BEING</b>										
Change of Bowel Movement	How many per day?									
Change of Weight	Increase:					Decrease:				
Change of Stress Level	Yes/No					Current Stress Level:				