



## Female Hormone Questionnaire

Circle the number that best applies for each line: 0 = never, 1 = sometimes, 2 = often, 3 = constantly

Confusion or memory loss in stressful situations	0 1 2 3	Heart palpitations or high blood pressure	0 1 2 3
Angry, anxious or quarrelsome	0 1 2 3	Weight gain in the trunk (waist and abdomen)	0 1 2 3
Respiratory infections or allergies	0 1 2 3	Thinning skin or easy bruising	0 1 2 3
Crave salty foods or lack of thirst	0 1 2 3	Increased facial or body hair	0 1 2 3
Get dizzy or light-headed on standing	0 1 2 3	Difficulty getting to sleep or staying asleep	0 1 2 3
Bouts of colitis, diarrhea or bloating	0 1 2 3	GERD (gastric reflux) or ulcers	0 1 2 3
Low stamina and intolerant of exercise	0 1 2 3	Ongoing tension or constant dull headache	0 1 2 3
Aches and pains	0 1 2 3	Sugar cravings	0 1 2 3
Skin rashes, eczema or psoriasis	0 1 2 3	Loss of muscle mass	0 1 2 3
Unable to handle stressful situations	0 1 2 3	Irritability and depression	0 1 2 3
<b>AD</b>	<b>TOTAL</b>	<b>AE</b>	<b>TOTAL</b>
	_____		_____
Decreased mental ability or memory loss	0 1 2 3	Breasts feel larger, swollen or more tender	0 1 2 3
Emotionally sensitive or crying easily	0 1 2 3	Foggy thinking	0 1 2 3
Hot flashes and night sweats	0 1 2 3	Anxiety with depression or irritability	0 1 2 3
Vaginal dryness and/or painful intercourse	0 1 2 3	Heavy bleeding during cycle	0 1 2 3
Inability to hold urine without leakage	0 1 2 3	Water retention with bloating	0 1 2 3
Breasts are droopy	0 1 2 3	Rapid weight gain in abdomen, hips & thighs	0 1 2 3
Joint pain or recent arthritis	0 1 2 3	Feeling fatigued	0 1 2 3
Weight gain in waist	0 1 2 3	Insomnia (can't get to sleep)	0 1 2 3
Osteoporosis or bone pain in hips or low back	0 1 2 3	PMS symptoms	0 1 2 3
Rapid heart rate or palpitations	0 1 2 3	Migraines or cyclic headaches	0 1 2 3
<b>ED</b>	<b>TOTAL</b>	<b>EE</b>	<b>TOTAL</b>
	_____		_____
Hard to loose weight or swollen all over	0 1 2 3	Face is more pale and has more wrinkles	0 1 2 3
Very low energy or fatigue and exhaustion	0 1 2 3	Loss of sex drive	0 1 2 3
Dry and rough skin on face, arms, legs	0 1 2 3	Ongoing fatigue that worsens with activity	0 1 2 3
Dry, coarse hair and hair loss	0 1 2 3	Loss of muscle tone and less muscle mass	0 1 2 3
Low body temperature and always feeling cold	0 1 2 3	Dry eyes	0 1 2 3
Constipation or infrequent stools (<1/day)	0 1 2 3	Loss of height with age	0 1 2 3
Puffiness on face or under the eyes (bags)	0 1 2 3	Loss of body hair, especially arms, legs, face	0 1 2 3
Apathetic or lack of interest in anything	0 1 2 3	Cellulite and varicose veins on legs	0 1 2 3
Slow reaction and poor concentration	0 1 2 3	Depression the whole day long	0 1 2 3
Brittle or slow growing nails	0 1 2 3	Indecisiveness and less self-confidence	0 1 2 3
<b>thD</b>	<b>TOTAL</b>	<b>TD</b>	<b>TOTAL</b>
	_____		_____