

Name _____

Hormonal Questionnaire

This self-test is to help you determine if your levels of hormones are below normal. This is designed to help you and Dr. Work select the correct treatment for you. Circle the score for each line then total the score at the bottom of each hormone. Bring this form to your doctor after you have filled it out.

Estrogen

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
1.	I am losing hair on top of my head	0	1	2	3	4
2.	I am getting thin, vertical wrinkles above my lips	0	1	2	3	4
3.	My breasts are droopy	0	1	2	3	4
4.	My face is too hairy	0	1	2	3	4
5.	My eyes are dry and easily irritated	0	1	2	3	4
6.	I have hot flashes	0	1	2	3	4
7.	I feel tired constantly	0	1	2	3	4
8.	I am depressed	0	1	2	3	4
9.	My menstrual flow is light (0=moderate, 1-3= low, 4= none)	0	1	2	3	4
10.	Women with periods: My cycles are irregular, too short(<27 days), or too long (>31 days)	0	1	2	3	4
11.	Women without periods: I do not feel like making love anymore.	0	1	2	3	4

Add up your Overall Score _____. Overall total of **10 or less** is a *satisfactory* level. **Between 11-20** is a *possible* estrogen deficiency. **21 or more** is a *probable* estrogen deficiency.

Progesterone

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
1.	My breasts are large	0	1	2	3	4
2.	My close friends complain that I am nervous and agitated	0	1	2	3	4
3.	I feel anxious	0	1	2	3	4
4.	I sleep lightly and restlessly	0	1	2	3	4
<i>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)</i>						
5.	My breasts are swollen and tender or painful before my period...	0	1	2	3	4
6.	And my lower belly is swollen...	0	1	2	3	4
7.	And I am irritable and aggressive...	0	1	2	3	4
8.	And I lose my self-control	0	1	2	3	4
9.	I have heavy periods	0	1	2	3	4
10.	And they are continuously painful	0	1	2	3	4

Add up your Overall Score _____. Post menopausal women not treated with hormone replacement therapy (estrogen or estrogen and progesterone): **4 or less:** *Satisfactory* level. **Between 5 and 8:** *Possible* progesterone deficiency. **9 or more:** *Probable* progesterone deficiency. Menstrual women and menopausal women taking hormone replacement therapy: 10 or less: *Satisfactory* level. Between 11 and 20: *possible* progesterone deficiency 21 or more: *Probable* progesterone deficiency

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Testosterone

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
	(Men and Women)					
1.	My face has gotten slack and more wrinkled	0	1	2	3	4
2.	I have lost muscle tone	0	1	2	3	4
3.	My belly tends to get fat	0	1	2	3	4
4.	I am constantly tired	0	1	2	3	4
5.	I feel like making love less often than I used to	0	1	2	3	4
	(Men Only)					
6.	My breasts are getting fatty	0	1	2	3	4
7.	I feel less self-confident and more hesitant	0	1	2	3	4
8.	My sexual performance is poorer than it used to be	0	1	2	3	4
9.	I have hot flashes and sweats	0	1	2	3	4
10.	I tire easily with physical activity	0	1	2	3	4

Add up your Overall Score _____. For Women: *5 or less*: Satisfactory level. *Between 6 and 10*: possible testosterone deficiency *11 or more*: probable testosterone deficiency. Score For Men: *10 or less*: Satisfactory level. *Between 11 and 20*: possible testosterone deficiency. *21 or more*: probable testosterone deficiency.

Growth Hormone

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
1.	My hair is thinning	0	1	2	3	4
2.	My cheeks sag	0	1	2	3	4
3.	My gums are receding	0	1	2	3	4
4.	My abdomen is flabby/I have a “spare tire”	0	1	2	3	4
5.	My muscles are slack	0	1	2	3	4
6.	My skin is thin and/or dry	0	1	2	3	4
7.	It’s hard to recover after physical activity	0	1	2	3	4
8.	I feel exhausted	0	1	2	3	4
9.	I don’t like the world. I tend to isolate myself.	0	1	2	3	4
10.	I feel continuously anxious and worried.	0	1	2	3	4

Add up your Overall Score _____. Overall total of *10 or less* is a satisfactory level. *Between 11 – 20* is a possible GH deficiency. *21 or more* is probable GH deficiency.

DHEA

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
1.	My hair is dry	0	1	2	3	4
2.	My skin and eyes are dry	0	1	2	3	4
3.	My muscles are flabby	0	1	2	3	4

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4.	My belly is getting fat	0	1	2	3	4
5.	I don't have much hair under my arms	0	1	2	3	4
6.	I don't have much in the pubic area (0=plenty/4=hairless)	0	1	2	3	4
7.	I don't have much fatty tissue in the pubic area (flat "mound of Venus" in women) (0=padded/4=flat)	0	1	2	3	4
8.	My body doesn't have much of a special scent during sexual arousal	0	1	2	3	4
9.	I can't tolerate noise	0	1	2	3	4
10.	My libido is low	0	1	2	3	4

Add up your Overall Score ____ Overall total of 10 or less is satisfactory. Between 11-20 is possible DHEA deficiency. 21 or more is probable DHEA deficiency.

Thyroid

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
1.	I'm sensitive to cold	0	1	2	3	4
2.	My hands and feet are always cold	0	1	2	3	4
3.	In the morning, my face is puffy and my eyelids are swollen	0	1	2	3	4
4.	I put on weight easily	0	1	2	3	4
5.	I have dry skin	0	1	2	3	4
6.	I have trouble getting up in the morning	0	1	2	3	4
7.	I feel more tired at rest than when I am active	0	1	2	3	4
8.	I am constipated	0	1	2	3	4
9.	My joints are stiff in the morning	0	1	2	3	4
10.	I feel like I'm living in slow motion	0	1	2	3	4

Add up your Overall Score ____ Overall total of 10 or less is satisfactory. Between 11-20 is possible thyroid deficiency. 21 or more is probable thyroid deficiency

Pregnenolone

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
1.	I have memory loss	0	1	2	3	4
2.	My joints hurt (fingers, wrists, elbows, feet, ankles, and knees)	0	1	2	3	4
3.	I'm feeling a bit drained and I have a hard time handling stress	0	1	2	3	4
4.	I don't see colors as brightly as before	0	1	2	3	4
5.	I have lost interest in art. I don't appreciate art as much anymore	0	1	2	3	4
6.	I don't have much hair under my arms or in the pubic area (0=plenty of hair/4=hairless)	0	1	2	3	4
7.	My muscles are flabby	0	1	2	3	4
8.	I have abundant, light-colored urine during the day	0	1	2	3	4
9.	I have low blood pressure	0	1	2	3	4
10.	I crave salty foods	0	1	2	3	4

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Add up your Overall Score _____. Overall total of 10 or less is satisfactory. Between 11-20 is possible pregnenolone deficiency. 21 or more is probable pregnenolone deficiency

Melatonin

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
1.	I look older than I am	0	1	2	3	4
2.	I have trouble falling asleep at night	0	1	2	3	4
3.	I wake up during the night...	0	1	2	3	4
4.	And I can't get back to sleep	0	1	2	3	4
5.	My mind is busy with anxious thoughts while I am trying to fall asleep	0	1	2	3	4
6.	My feet are too hot at night	0	1	2	3	4
7.	When I get up, I don't feel rested	0	1	2	3	4
8.	I feel like I'm living out of sync with the world, going to bed late and waking up late	0	1	2	3	4
9.	I can't tolerate jet lag	0	1	2	3	4
10.	I smoke, drink, and/or use a beta-blocker or a sleep aid	0	1	2	3	4

Add up your Overall Score _____. Overall total of 10 or less is satisfactory. Between 11-20 is possible melatonin deficiency. 21 or more is probable melatonin deficiency

Cortisol

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
1.	My face looks thinner	0	1	2	3	4
2.	My friends call me "skinny"	0	1	2	3	4
3.	I have eczema, psoriasis, or other rashes	0	1	2	3	4
4.	My heart beats quickly	0	1	2	3	4
5.	My blood pressure is low	0	1	2	3	4
6.	I crave salt or sugar	0	1	2	3	4
7.	I have digestive problems	0	1	2	3	4
8.	I have allergies	0	1	2	3	4
9.	I am stressed out	0	1	2	3	4
10.	I am easily confused	0	1	2	3	4
11.	I am getting more liver spots or age spots or moles/freckles than before	0	1	2	3	4

Add up your Overall Score _____. Overall total of 10 or less is satisfactory. Between 11-20 is possible cortisol deficiency. 21 or more is probable cortisol deficiency