

Female Hormone Questionnaire

	Date:	
Name:	Age: _	·
Are you in Menopause?: Yes / No.	Weigh	t: kg.
Did you have a Hysterectomy?: Yes / No. Ovaries	removed?: Yes / No. At w	hat age?:
Are you Peri-menopausal (close to menopause)?: Ye	es / No.	
Are you menstruating regularly?: Yes / No. Date of	of last menstruation:	
Notes:		
Please score SEVERE symptoms with 3 points, MO symptoms with 1 point and if not applicable please s	• 1	oints and MILD
1. Estrogen Sensitivity		
High Estrogen sensitivity (Predominant Pr	rogesterone deficient)	
Dense breasts / Breast cysts		
High colour / Voluptuous body shape / Healthy hair		
Heavy periods / Breast tenderness pre-menses		
	Total (Maximum 9):	
<u>Low Estrogen sensitivity (Predominant Es</u>	<u>trogen deficient)</u>	
Irregular menstruation with light or irregular periods	k	
Droopy / Non dense breasts		
More athletic build / Oily dull hair		
	Total (Maximum 9):	
2. Hormone Deficiency Symptoms		
Progesterone Deficiency		
Nervous and agitated		
Anxious		
Weight gain		
Poor sleep, insomnia		
Swollen and reddish face		
Increased abdominal fat		
Bloating		
Swollen feet and ankles		
Loss of self-control		
	Total (Maximum 27):	:

Estrogen Deficiency Losing hair on top of head Thin vertical wrinkles above lips Droopy breasts Hair on face Eyes dry and easily irritated Poor memory / Foggy thinking Decreased concentration Night sweats Hot flushes Constant tiredness Vaginal dryness Depressed Low libido Total (Maximum 39): _____ **Testosterone Deficiency** Face has become slack / wrinkled Bone density loss Anxiety Loss of libido Reduced muscle tone Expanded waistline Cellulite on thighs Varicose veins Constant tiredness / Post exercise exhaustion Hesitant, undecided, loss of self confidence Excessive emotions Loss of nipple / clitoral sensitivity

Total (Maximum 36): _____