

Hormonal Health Questionnaire:

Name: _____ Gender M/F: _____ Age: _____ Date: _____

SECTION A:

- Sagging, thinning skin or wrinkling
- Spider veins or varicose veins
- Cellulite
- Eczema, skin rashes, hives or acne
- Menopause (women), andropause (men)
- Heart disease
- Prostate enlargement (prostatitis)
- High cholesterol or blood pressure
- Loss of muscle tone in arms and legs; difficulty building or maintaining muscle
- Aches and pains
- Arthritis, bursitis, tendonitis or joint stiffness
- Water retention in hands or feet
- Gout
- Alzheimer's disease
- Parkinson's disease
- Depression
- Night eating syndrome (waking at night to binge eat)
- Fibromyalgia
- Increased pain or poor pain tolerance
- Headaches or migraines
- High alcohol consumption
- Bronchitis; allergies (food or environmental); hives or asthma have developed or worsened
- Autoimmune disease
- Fat gain around "love handles" or abdomen
- Loss of bone density or osteoporosis
- Generalized overweight/weight gain/obesity
- Fatty liver (diagnosed by your doctor)
- Diabetes (type 2)
- Sleep disruptions or deprivation
- Irritable bowel or inflammatory bowel disease
- Frequent gas and bloating
- Constipation, diarrhea or nausea

SECTION B:

- Age spots and wrinkling
- Sagging skin
- Cellulite
- Skin tags
- Acanthosis nigricans (a skin condition characterized by light brown to black patches or markings on the neck or underarm)
- Abnormal hair growth on face, chin (women)
- Vision changes or cataracts

Hormonal Health Questionnaire:

Name: _____ Gender M/F: _____ Age: _____ Date: _____

- Infertility or irregular menses
- Shrinking or sagging breasts
- Menopause (women); andropause or erectile dysfunction (men)
- Heart disease
- High cholesterol, high triglycerides or high blood pressure
- Burning feet at night (especially while in bed)
- Water retention in the face/puffiness
- Gout
- Poor memory, concentration, or Alzheimer's disease
- Fat gain around "love handles" and/or abdomen
- Fat over the triceps
- Generalized overweight/weight gain/obesity
- Hypoglycemia, cravings for sweets, carbohydrates or constant hunger or increased
- appetite
- Fatigue after eating (especially carbohydrates)
- Fatty liver (diagnosed by your doctor)
- Diabetes (type 2)
- Sleep disruption or deprivation

SECTION C:

- Fatigue, especially in the morning
- Poor tolerance for exercise
- Restless leg syndrome
- Poor memory
- Parkinson's disease
- Depression
- Loss of libido
- Feeling a strong need for stimulation or excitement (foods, gambling, partying, sex, etc.)
- Addictive eating or binge eating
- Cravings for sweets, carbohydrates, junk food or fast food

SECTION D:

- PMS characterized by hypoglycemia, sugar cravings, sweet cravings and/or depression
- Feeling wired at night
- Lack of sweating
- Poor memory
- Loss of libido
- Depression, anxiety, irritability or seasonal affective disorder
- Loss of motivation or competitive edge
- Low self-esteem

Hormonal Health Questionnaire:

Name: _____ Gender M/F: _____ Age: _____ Date: _____

- Inability to make decisions
- Obsessive-compulsive disorder
- Bulimia or binge eating
- Fibromyalgia
- Increased pain or poor pain tolerance
- Headaches or migraines
- Cravings for sweets or carbohydrates
- Constant hunger or increased appetite
- Inability to sleep in no matter how late going to bed
- Less than 7.5 hours of sleep per night
- Irritable bowel
- Constipation
- Nausea
- Use of corticosteroids

SECTION E:

- PMS characterized by breast tenderness, water retention, bloating, anxiety, sleep
- Disruptions or headaches
- Feeling wired at night
- Aches and pains or increased muscle tension
- Irritability, tension or anxiety
- Difficulty falling asleep or staying asleep
- Less than 7.5 hours of sleep per night
- Irritable bowel
- Frequent gas and bloating
- PMS characterized by breast tenderness, water retention, bloating, anxiety, sleep

SECTION F:

- Wrinkling, thinning skin or skin has lost its fullness
- Hair loss
- Infertility or absent menses (unrelated to menopause)
- Feeling wired at night
- Heart palpitations
- Loss of muscle tone in arms and legs
- Cold hands or feet
- Water retention in face/puffiness
- Poor memory or concentration
- Loss of libido
- Depression, anxiety, irritability or seasonal affective disorder
- High alcohol consumption
- Frequent colds and flu
- Hives, bronchitis, allergies (food or environmental), asthma or autoimmune disease
- Fat gain around "love handles" or abdomen

Hormonal Health Questionnaire:

Name: _____ Gender M/F: ____ Age: _____ Date: _____

- A "buffalo hump" of fat on back of neck/upper back
- Difficulty building or maintaining muscle
- Loss of bone density or osteoporosis
- Cravings for sweets or carbs, hypoglycemia or constant hunger
- Difficulty falling asleep
- Difficulty staying asleep (especially waking between 2 and 4 a.m.)
- Less than 7.5 hours of sleep per night
- Irritable bowel or frequent gas and bloating
- Use of corticosteroids

SECTION G:

- Dry skin
- Heart disease
- Erectile dysfunction
- Andropause
- Feeling wired at night
- Poor tolerance for exercise
- Loss of muscle tone in arms and legs
- Poor memory or concentration
- Irritability or easily agitated
- Loss of libido
- Depression
- Loss of motivation or competitive edge
- Autoimmune disease
- Fat gain around "love handles"
- Fat gain over the triceps
- Fat gain around abdomen
- Difficulty building or maintaining muscle

SECTION H:

- Spider or varicose veins
- Cellulite
- Heavy menstrual bleeding
- PMS characterized by breast tenderness, water retention, bloating, swelling and/or weight gain
- Fibrocystic breast disease
- Prostate enlargement
- Erectile dysfunction
- Breast growth (men)
- Loss of morning erection
- Irritability, mood swings or anxiety
- Headaches or migraines (especially in women before their menses)
- High alcohol consumption (4 drinks per wk. for women and 7 drinks per wk. for men)

Hormonal Health Questionnaire:

Name: _____ Gender M/F: _____ Age: _____ Date: _____

- Autoimmune disease or allergies
- Fat gain around “love handles” or abdomen (men)
- Fat gain at the hips (women)
- Current use of hormone replacement therapy or birth control pills

SECTION I:

- Dry or sagging skin
- Thinning skin or skin has lost its fullness
- Hair loss
- Dry eyes or cataracts (women)
- PMS characterized by depression, hypoglycemia, sugar cravings and/or sweet cravings
- Infertility or absent menses (not related to menopause)
- Painful intercourse and/or vaginal dryness
- Shrinking or sagging breasts
- Urinary incontinence (stress otherwise)
- Menopause
- Fatigue
- Hot flashes
- Poor memory or concentration
- Irritability
- Loss of libido
- Depression or mood swings
- Fat gain around “love handles” or abdomen(menopausal women)
- Loss of bone density or osteoporosis
- Difficulty falling or staying asleep

SECTION J:

- Dry skin or skin that has lost its fullness
- Spider or varicose veins
- Hair loss
- Short menstrual cycle (< 28 days) or excessively long bleeding times (> 6 days)
- PMS characterized by breast tenderness, anxiety, sleep disruptions, headaches, menstrual spotting,
- water retention, bloating and/or weight gain
- Infertility or absent menses (not related to menopause)
- Fibrocystic breast disease
- Menopause (women), andropause (men)
- Prostate enlargement
- Hot flashes
- Lack of sweating
- Feeling cold and/or cold hands/feet
- Heart palpitations
- Water retention

Hormonal Health Questionnaire:

Name: _____ Gender M/F: _____ Age: _____ Date: _____

- Irritability and/or anxiety
- Loss of libido
- Headaches or migraines
- Autoimmune disease, hives, asthma or allergies
- Loss of bone density or osteoporosis
- Difficulty falling or staying asleep

SECTION K:

- Acne
- PMS characterized by depression
- Infertility
- Water retention
- Depression
- Frequent colds and flu
- Weight gain or difficulty losing weight
- Current use of hormone replacement therapy or birth control pills

SECTION L:

- Dry skin
- Thinning skin or skin has lost its fullness
- Painful intercourse
- Heart disease (men)
- Erectile dysfunction
- Andropause (men)
- Loss of morning erection
- Fatigue
- Poor tolerance for exercise
- Loss of muscle tone in arms and legs
- Poor memory or concentration
- Loss of libido
- Depression or anxiety
- Loss of motivation or competitive edge
- Headaches or migraines (men)
- Gaining fat around abdomen or "love handles" (men and women)
- Difficulty building or maintaining muscle
- Loss of bone density or osteoporosis (men and women)
- Sleep apnea (men)
- Use of corticosteroids

Hormonal Health Questionnaire:

Name: _____ Gender M/F: _____ Age: _____ Date: _____

SECTION M:

- Acne
- Acanthosis nigricans (women)
- Abnormal hair growth on face (women)
- Infertility
- Shrinking or sagging breasts
- Prostate enlargement
- Irritability, aggression or easily agitated
- Fat gain at abdomen (women)
- Cravings for sweets or carbohydrates (women)
- Constant hunger or increased appetite (women)
- Fatty liver (women)

SECTION N:

- Dry skin and/or hair
- Acne
- Hair loss
- Brittle hair and/or nails
- PMS, infertility, long menstrual cycle (> 30 days) or irregular periods
- Abnormal lactation
- Fatigue
- Lack of sweating, feeling cold or cold hands and feet
- High cholesterol
- Pool tolerance for exercise
- Heart palpitations
- Outer edges of eyebrows thinning
- Aches and pains
- Water retention/puffiness in hands or feet
- Poor memory
- Loss of libido
- Depression
- Loss of motivation or competitive edge
- Iron deficiency anemia
- Hives
- Generalized overweight/weight gain/obesity
- Constipation
- Use of corticosteroids
- Current use of synthetic hormone replacement therapy or birth control pills

Hormonal Health Questionnaire:

Name: _____ Gender M/F: ____ Age: _____ Date: _____

SECTION O:

- Poor tolerance for exercise
- Loss of muscle tone in arms and legs or poor muscle function/strength
- Poor memory or concentration, decrease in memory or recall
- Alzheimer's disease
- Difficulty building muscle or maintaining muscle
- Difficulty falling asleep or staying asleep, disrupted sleep patterns