

This is a self-test to help you determine if your hormone levels are below normal. This is designed to help you and your doctor 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 and Symptoms		Never	Sometimes	Regularly	Often	Constantly
1.	I'm losing hair on top of my head.	0	1	2	3	4
2.	I'm 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/I-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 is 10 or less is satisfactory level. Between 11 and 20: Possible Estrogen deficiency. 21 or more: Probable Estrogen deficiency.

## PROGESTERONE

Signs and Symptoms		Never	Sometimes	Regularly	Often	Constantly
1.	My breasts are large.	0	1	2	3	4
2.	My close friends complain I'm 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
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).						
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'm 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 deficiency. Menstrual women, and menopausal women taking hormone replacement therapy (estrogen or estrogen and progesterone): 10 or less: Satisfactory level. Between 11 and 20: Possible progesterone deficiency. 21 or more: Probable progesterone deficiency.

## THYROID

Signs and 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

## PREGNENOLONE

Signs and Symptoms		Never	Sometimes	Regularly	Often	Constantly
1.	I have memory loss.	0	1	2	3	4
2.	My joints hurt (fingers, wrists, elbows, ankles, 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 14 = 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

Add up your Overall Score \_\_\_\_\_: Overall total is 10 or less is satisfactory level. Between 11 and 20: Possible Pregnenolone deficiency. 21 or more: Probable Pregnenolone deficiency.

## MELATONIN

Signs and 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.	I wake up during the night <b>and</b> I can't get back to sleep.	0	1	2	3	4
5.	My mind is busy with anxious thoughts while I'm 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.	It 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 sleep aid.	0	1	2	3	4

Add up your Overall Score \_\_\_\_\_: Overall total is 10 or less is satisfactory level. Between 11 and 20: Possible Melatonin deficiency. 21 or more: Probable Melatonin deficiency.

## TESTOSTERONE

Signs and Symptoms		Never	Sometimes	Regularly	Often	Constantly
1.	My face has gotten slack and more wrinkled.	0	1	2	3	4
2.	I've lost muscle tone.	0	1	2	3	4
3.	My belly tends to get fat.	0	1	2	3	4
4.	I'm constantly tired.	0	1	2	3	4
5.	I feel like making love less often than I used to.	0	1	2	3	4
<b>MEN ONLY</b>						
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 and 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've got a "spare tire".	0	1	2	3	4
5.	My muscles are slack.	0	1	2	3	4
6.	My skin is thick 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 feel 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 is 10 or less is satisfactory level. Between 11 and 20: Possible Growth Hormone deficiency. 21 or more: Probable Growth Hormone deficiency.

## DHEA

Signs and 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
4.	My belly is getting fat.	0	1	2	3	4
5.	I don't have much hair under my arm.	0	1	2	3	4
6.	I don't have much hair in my pubic area. (1 = plenty of hair /4 = hairless).	0	1	2	3	4
7.	I don't have much fatty tissue in the pubic area. (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 is 10 or less is satisfactory level. Between 11 and 20: Possible DHEA deficiency. 21 or more: Probable DHEA deficiency.

## CORTISOL

Signs and 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

Add up your Overall Score \_\_\_\_\_: Overall total is 10 or less is satisfactory level. Between 11 and 20: Possible cortisol deficiency. 21 or more: Probable cortisol deficiency.



## PART II

Check the answers to the ailments and discuss them with your physician.

### ENERGY

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1. | Do you have a hard time getting up in the morning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Do you always feel tired in the afternoon?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### SEX

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 3. | Do you lack sexual desire?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Does your penis or clitoris seem less sensitive?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Are your erections not firm enough?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Have you lost your attraction toward your partner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Do you lack vaginal lubrication?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### SLEEP

- |    |                      |                              |                             |
|----|----------------------|------------------------------|-----------------------------|
| 8. | Do you sleep poorly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | Do you rarely dream? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### MEMORY

- |     |                                    |                              |                             |
|-----|------------------------------------|------------------------------|-----------------------------|
| 10. | Do you suffer from memory loss?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | Do you have trouble concentrating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### SKIN AND HAIR

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| 12. | Do you have wrinkles on your face along the nose, smile lines, or forehead creases? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | Do you have little wrinkles around the eyes and crows feet?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | Do you have age spots?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | Do you have dry, thin skin?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | Are you losing your hair or is it turning gray?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### WEIGHT CONTROL

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| 17. | Is your abdomen too plump? Is it distended?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | Women: Are your breasts too large? Do they get larger before your period? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | Are your buttocks and thighs too well padded? Are you pear shaped?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### STRESS AND MOOD

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| 20. | Do you suffer from constant fatigue?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. | Do you have high blood pressure?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. | Are you anxious, nervous, or irritable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. | Do small things set you off?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. | Are you depressed?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### JOINTS AND BONES

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| 25. | Do you have arthritis?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. | Do you have osteoarthritis?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. | Do you have fibromyalgia (sharp shoulder pain)?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. | Have you lost muscle mass, tone, and strength?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. | Do you have bone loss of tile spine, hips, hands, wrists or feet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |