Hormone Assessment Form

Name:_____ Date:_____

Each category is divided into hormone deficiency and excess, as each has a different subset of symptoms. Score the symptoms which apply as 0 (none), 1 (mild), 2 (moderate), or 3 (severe). A total score of 10 or higher in any one category (deficiency and excess combined) indicates an area that needs attention.

ESTROGENS (ESTRADIOL)

Deficiency:
____Hot Flashes
____Night Sweats
____Vaginal Dryness
____Foggy Thinking
____Memory Lapses
____Incontinence
____Tearful
____Depressed
____Sleep Disturbances
____Heart Palpitation

Excess:
____Mood Swings
____Tender Breasts
____Water Retention
____Nervous
____Irritable
____Anxious
____Fibrocystic Breast
____Uterine Fibroids
____Weight Gain in Hips
____Bleeding Changes

TOTAL SCORE _____

ANDROGENS (DHEA-S AND TESTOSTERONE)

Deficiency:
____Low Libido
____Vaginal Dryness
____Fatigue
____Aches/Pains
____Memory Lapses
____Depressed
____Sleep Disturbances
____Incontinence
____Bone Loss
____Decreased Muscle Mass
____Thinning Skin

Excess:
____Excessive Facial Hair
____Excessive Body Hair
____Increased Acne
____Oily Skin
____Ovarian Cysts

TOTAL SCORE _____

PROGESTERONE

Deficiency:
____Hot Flashes
____Night Sweats
____Vaginal Dryness
____Foggy Thinking
____Memory Lapses
____Incontinence
____Tearful
____Depressed
____Sleep Disturbances
____Heart Palpitation
____Bone Loss

Excess:
____Sleepiness
____Breast Swelling
____Tender Breasts
____Decreased Libido
____Mild Depression
____Candida Infection

TOTAL SCORE _____

CORTISOL

Deficiency:
____Fatigue
____Sugar Cravings
____Allergies
____Chemical Sensitivity
____Stress
____Cold Body Temperature
____Heart Palpitations
____Aches/Pains
____Arthritis

Excess:
____Sleep Disturbances
____Bone Loss
____Fatigue
____Weight Gain/Waist
____Loss of Muscle Mass
____Thinning Skin

TOTAL SCORE _____