

HORMONE QUESTIONNAIRE

Name: _____ Age: _____ Date: _____

Hormones: _____

Other Medications: _____

Hysterectomy: ___No ___Yes (Year): _____ Ovaries Removed: ___No ___Yes

Please circle the number corresponding to symptom intensity:

SEVERITY: None Mild Moderate Severe

1. Hot flushes, excessive sweating, and/or chilly sensations?

0 1 2 3

2. Sensations of numbness and/or tingling of arms, legs, or skin?

0 1 2 3

3. Restless, fragmented sleep; multiple awakenings?

0 1 2 3

4. Irritability, angry outbursts, feeling anxious or apprehensive?

0 1 2 3

5. Sad, depressed mood, unhappiness and/or being miserable without any obvious reason?

0 1 2 3

6. Sensations of dizziness, spinning and/or "swimming in the head"?

0 1 2 3

7. Feeling unusually fatigued, with a tiredness of mind and body associated with desire for rest; feeling a lack of desire or motivation to make further efforts?

0 1 2 3

8. Pain or aches affecting joints or muscles?

0 1 2 3

SEVERITY: None Mild Moderate Severe

9. Migraine, and/or tension headaches?

0 1 2 3

10. Fluttering/pounding and/or rapid heartbeat in a sitting or resting position?

0 1 2 3

11. "Crawly skin" sensations, like ants or other insects creeping over the skin?

0 1 2 3

12. Diminished memory, concentration; feeling "foggy" brained?

0 1 2 3

Never Infrequently Sometimes Most of Time Always

13. Vaginal burning or itching?

0 1 2 3 4

14. Vaginal dryness, diminished lubrication during sexual arousal?

0 1 2 3 4

15. Painful urination or increased frequency of urination?

0 1 2 3 4

16. Leaking of urine during coughing, laughing, sneezing, or strenuous activity?

0 1 2 3 4

17. Leaking of urine during walking, running, climbing steps or light activity?

0 1 2 3 4

18. Leaking of urine, regardless of activity, even when in a lying position?

0 1 2 3 4

19. Increased urges to urinate, with difficulty holding back urination?

0 1 2 3 4

Please circle your answer:

20. Sexual interest	Normal	Decreased
21. Intercourse in last two weeks?	Yes	No
22. Vulvar, vaginal or pelvic pain during intercourse?	No	Yes
23. Reddish vaginal discharge after intercourse?	No	Yes
24. Quality of orgasm	Normal	Decreased
25. Quality of lubrication	Normal	Decreased

SCORING AND DISCUSSION

To calculate your total score:

Question 1: **Multiply** the number corresponding to your response **by 4** and write the resulting number on the line _____

Questions 2 - 4: **Multiply** the number corresponding to each answer **by 2**, total the points, and write the total points on the line _____

Questions 5 - 25: **ADD** together all of the numbers corresponding to your response for each question, and write the total points on the line _____

TOTAL OF THE ABOVE: _____

If your total score is **between 7- 15**, you *may* be in the early phases of the menopause transition, or (if taking hormones) your hormone replacement therapy regimen may not yet be optimal for you.

If your score is **between 16 - 30**, you clearly have menopausal symptoms, and I think you would benefit from having hormone levels checked (ovary and thyroid) along with your usual medical check-up. There are many ways with lifestyle changes, herbs, vitamins and/or hormones which may be helpful to you and should be discussed with your primary physician or an experienced and knowledgeable menopause specialist.

If your score is **greater than 30**, you have marked to severe menopausal *symptoms which also suggests the presence of other risk factors such as bone loss and cholesterol changes.* You would be wise to have a *comprehensive mid-life women's health evaluation* to determine the best options to improve your immediate well-being, as well as to reduce the risks of later diseases such as osteoporosis and heart disease. You may want to have this done by your present physician, or consider one of the centers around the country where the comprehensive evaluations, tailored to mid-life women, are provided.