

# Hormone Self-Test

Name \_\_\_\_\_  
last middle first

Today's Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_  
street  
 \_\_\_\_\_  
city state zip

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Telephone \_\_\_\_\_

Doctor \_\_\_\_\_

Doctor's Telephone \_\_\_\_\_

**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 threathment for you. Check the score for each line then total the score at the bottom of each hormone.**

**0 = Never 1 = Sometimes 2 = Regularly 3 = Often 4 = Constantly**

## Estrogen

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 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 tiered constantly                               | 0 | 1 | 2 | 3 | 4 |
| 8 I am depressed   | 0 | 1 | 2 | 3 | 4 |
| 9 My menstrual flow is light (0=moderate/1-3=low/4=none) | 0 | 1 | 2 | 3 | 4 |
| 10 My periods are irregular (<27 days or >31 days)       | 0 | 1 | 2 | 3 | 4 |
| 11 Women without periods. I do not feel like sex anymore | 0 | 1 | 2 | 3 | 4 |

Add up your overall score : \_\_\_\_\_

- 10 or less = satisfactory level
- 11-20 = possible estrogen deficiency
- 21 or more = probably estrogen deficiency

## Progesterone

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 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 breast are swollen and tender before my period | 0 | 1 | 2 | 3 | 4 |
| 6 And my 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 |

*Post Menopausal women not treated with bhrt*

Add up your overall score : \_\_\_\_\_

- 4 or less = satisfactory level
- 5-8 = possible progesterone deficiency
- 9 or more = probably progesterone deficiency

*Menstrual and Menopausal women taking bhrt*

Add up your overall score : \_\_\_\_\_

- 10 or less = satisfactory level
- 11-20 = possible progesterone deficiency
- 21 or more = probably progesterone deficiency

## Thyroid

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 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 fuffy 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 |

Add up your overall score : \_\_\_\_\_

- 10 or less = satisfactory level
- 11-20 = possible thyroid hormone deficiency
- 21 or more = probably thyroid hormone deficiency

## Pregnenolone

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 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 it is hard to handle 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 / appreciation for art   | 0 | 1 | 2 | 3 | 4 |
| 6 I don't have much hair under my arms or pubic area                                      | 0 | 1 | 2 | 3 | 4 |
| 7 I feel more tired at rest than when I am active<br>( 0 = plenty of hair / 4 = hairless) | 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 : \_\_\_\_\_

- 10 or less = satisfactory level
- 11-20 = possible pregnenolone deficiency
- 21 or more = probably pregnenolone deficiency

## Melatonin

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 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 And I can't get back to sleep                          | 0 | 1 | 2 | 3 | 4 |
| 5 I have anxious thoughts while trying to fall sleep     | 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 I got to be bed late and wake 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 : \_\_\_\_\_

- 10 or less = satisfactory level
- 11-20 = possible melatonin deficiency
- 21 or more = probably melatonin deficiency

### Testosterone

- 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

#### The rest of the questions are for men only

- 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

For Women: (questions 1-5)

Add up your overall score : \_\_\_\_\_

5 or less = satisfactory level

6-10 = possible testosterone deficiency

11 or more = probably progesterone deficiency

For Men: (questions 1-10)

Add up your overall score : \_\_\_\_\_

10 or less = satisfactory level

11-20 = possible testosterone deficiency

21 or more = probably progesterone deficiency

### Growth Hormone

- 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 : \_\_\_\_\_

10 or less = satisfactory level

11-20 = possible growth hormone deficiency

21 or more = probably growth hormone deficiency

### DHEA

- 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 sex 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 : \_\_\_\_\_

10 or less = satisfactory level

11-20 = possible DHEA deficiency

21 or more = probably DHEA deficiency

### Cortisol

- 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 : \_\_\_\_\_

10 or less = satisfactory level

11-20 = possible cortisol deficiency

21 or more = probably cortisol deficiency

## Part II - Circle the answers to the ailments and discuss them with your physician

### Energy

- Do you have a hard time getting up in the morning?  Yes  No
- Do you always feel tired or tired in the afternoon?  Yes  No

### Sex

- Do you lack sexual desire?  Yes  No
- Does your penis or clitoris seem less sensitive?  Yes  No
- Are your erections not firm enough?  Yes  No
- Have you lost your attraction toward your partner?  Yes  No
- Do you lack vaginal lubrication?  Yes  No

### Sleep

- Do you sleep poorly?  Yes  No
- Do you rarely dream?  Yes  No

### Memory

- Do you suffer from memory loss?  Yes  No
- Do you have trouble concentrating?  Yes  No

### Skin and Hair

- Do you have wrinkles along the nose, smile lines or forehead?  Yes  No
- Do you have little wrinkles around the eyes and crows feet?  Yes  No
- Do you have age spots?  Yes  No
- Do you have dry, thin skin?  Yes  No
- Are you losing your hair or is it turning gray?  Yes  No

### Weight Control

- Is your abdomen too plump? Is it distended?  Yes  No
- Are your breasts too large? Do they get larger before periods?  Yes  No
- Are your buttocks and thighs too well padded, pear shaped?  Yes  No

### Stress and Mood

- Do you suffer from constant fatigue?  Yes  No
- Do you have high blood pressure?  Yes  No
- Are you anxious, nervous, or irritable?  Yes  No
- Do small things set you off?  Yes  No
- Are you depressed?  Yes  No

### Joints and Bones

- Do you have arthritis?  Yes  No
- Do you have osteoarthritis?  Yes  No
- Do you have fibromyalgia (sharp shoulder pain)?  Yes  No
- Have you lost muscle mass, tone, and strength?  Yes  No
- Do you have bone loss of the spine, hips, hands, wrists or feet?  Yes  No