

Hormone Questionnaire

Check all boxes that relate to you in each section.

Pattern 1: High Estrogen

- | | | |
|--|--|---|
| ☐ Heavy Periods | ☐ Mood swings | ☐ Varicose veins |
| ☐ Painful Periods | ☐ Menstrual migraines | ☐ GallBladder problems |
| ☐ Short menstrual cycle < 21 days | ☐ Uterine fibroids | ☐ A pear-shaped body |
| ☐ Bloating, fluid retention | ☐ History of estrogen containing birth control or medication (in the last 3 months) | ☐ Endometriosis |

YOUR SCORE _____

Pattern 2: Low Estrogen

- | | | |
|--|--|---|
| ☐ Autoimmune disease | ☐ Urinary frequency or frequent UTIs | ☐ Loss of bone density |
| ☐ Irregular or absent periods | ☐ Brain fog, memory problems, poor focus | ☐ Low libido |
| ☐ Anxiety, depression | ☐ Long menstrual cycles or scant periods | ☐ Weight gain |
| ☐ Hot flashes, night sweats | ☐ Trouble falling asleep, waking in the middle of the night | ☐ A pear-shaped body |
| ☐ Vaginal dryness | | ☐ Endometriosis |
| ☐ Migraines | | ☐ Joint aches or pains |

YOUR SCORE _____

Pattern 3: Low Progesterone

- | | | |
|--|---|---|
| ☐ Low or no signs of ovulation | ☐ Low basal body temp in the luteal phase | ☐ Low libido |
| ☐ Irregular menstrual cycles | ☐ Anxiety, depression | ☐ Fertility problems |
| ☐ Heavy periods | ☐ Recurrent miscarriage | ☐ GallBladder problems |
| ☐ Insomnia, sleep problems | ☐ Spotting in the second half of your cycle | ☐ Fibroids |
| ☐ Headaches or migraines | ☐ Short luteal phase (ovulation to menstruation < 12 days) | ☐ PMS |
| ☐ Symptoms of excess estrogen (see book) | ☐ Breast tenderness, fibrocystic breasts | ☐ Gallbladder problems |
| ☐ Spotting in the second half of your cycle | | ☐ Endometriosis |

YOUR SCORE _____

Pattern 4: High Testosterone

- | | | |
|--|---|---|
| ☐ Irregular periods | ☐ Acne | ☐ High LDL cholesterol |
| ☐ Skipped periods | ☐ Weight gain | ☐ Hair loss (head) |
| ☐ Fertility challenges | ☐ Aggression, irritability | ☐ Polycystic ovary syndrome (PCOS) |
| ☐ Hair in unwanted places | | |

YOUR SCORE _____



Pattern 5: Low Testosterone



- | | | |
|--|---|---|
| ☐ Fatigue, sluggishness | ☐ Hair loss | ☐ Weight gain |
| ☐ Low motivation | ☐ Sleep disturbances | ☐ Irregular menstrual cycles |
| ☐ Depression | ☐ Low sex drive | |
| ☐ Muscle weakness or loss of muscle | ☐ Decreased sexual satisfaction, difficulty achieving orgasm | |

YOUR SCORE _____



Pattern 6: High Cortisol

- | | | |
|---|---|---|
| ☐ Chronic stress, overwhelm | ☐ Craving sweets, chocolate, or salty foods | ☐ Irregular menstrual cycles |
| ☐ Low motivation or drive | ☐ Bloating, puffiness, or fluid retention | ☐ Miserable menopausal symptoms |
| ☐ Often feeling burnout | ☐ Low (or no) sex drive | ☐ Trouble getting pregnant, history of miscarriage |
| ☐ Trouble falling asleep, feeling “tired and wired” | ☐ Blue or even depressed | ☐ Endometriosis |
| ☐ Tired during the day, hit a slump around 3–4 p.m. | ☐ Increased skin wrinkling for your age | ☐ PCOS |
| ☐ Waking up tired even after a good night’s sleep | ☐ Reduced memory or focus | ☐ High cholesterol |
| ☐ Insomnia, trouble falling asleep or staying asleep | ☐ Overweight, especially around my middle (“muffin top”) | ☐ Bone loss (osteopenia or osteoporosis) |
| ☐ Needing coffee to start the day, or a cup in the afternoon | ☐ Mood swings, PMS, irritability, weepiness, mini breakdowns, or anxiety | ☐ Autoimmune disease |

YOUR SCORE _____



Pattern 7: Low Thyroid Hormone

- | | |
|---|--|
| ☐ Sluggishness, fatigue, zero energy | ☐ Brittle or coarse hair or nails |
| ☐ Weight gain without changing eating or exercise habits | ☐ Hair loss, hair thinning |
| ☐ Trouble losing weight, despite dieting and exercise | ☐ High cholesterol |
| ☐ My memory and concentration aren’t what they were | ☐ Puffiness around eyes, face gets puffy |
| ☐ Low mood, depression, anxiety | ☐ Loss or thinning of outer third of eyebrows |
| ☐ Sluggish bowels, constipation | ☐ PMS, heavy periods, or skipped periods |
| ☐ Feeling cold all the time, have to wear a sweater even if nobody else is, low body temperature | ☐ Trouble getting pregnant, history of miscarriage |
| ☐ Dry, itchy, or rough | ☐ History of postpartum depression or trouble producing breast milk |
- 

YOUR SCORE _____





Pattern 8: High Thyroid Hormone

- ☐ High blood sugar
- ☐ Metabolic syndrome, insulin resistance, or diabetes
- ☐ Shakiness or agitation between meals
Skin tags
- ☐ Brown, velvety skin discoloration in my armpits, groin, or neck
- ☐ Tired a lot
- ☐ Overweight, with weight especially around my waist and belly
- ☐ Frequent thirst, frequent urination
- ☐ Waist circumference >30 inches
- ☐ High blood pressure (>130/80)
- ☐ History of gestational diabetes or had a baby who weighed more than 9 pounds
- ☐ PCOS
- ☐ Hair in unwanted places
- ☐ Hair thinning or loss
- ☐ Acne, especially cystic acne



YOUR SCORE_____

Use this self-assessment to help you connect the dots and to track improvement as you go through the plan and beyond.

Scoring >4 points in any of the 8 patterns suggests that you have some measure of the associated imbalance.

Scoring >8 points in any section suggests a more significant imbalance.

It's common—in fact likely—to have more than one imbalance.

The Hormone Intelligence Plan is all about addressing these symptoms and imbalances!