RC COMPOUNDING SERVICES FEMALE HORMONE QUESTIONNAIRE

NAME:		DATE:
DATE OF BIRTH:	PHONE NUMBER:	·····
ADDRESS:		

Thierry Hertoghe M.D. developed this self-test to help you determine if your levels of hormones are below normal. This test is designed to help you, your doctor, and your pharmacist select proper treatment options. Please circle the score for each line then total the score at the bottom of each hormone. Bring the completed form to RC Compounding Services or your doctor.

ES	TROGEN					
SIG	NS & SYMPTOMS	No Never	Little Rarely	Moderate Regularly	Much Often	Extreme Constant
1	I'm losing hair on the 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 / 1-3 = low / 4 = none)	0	1	2	3	4
10	Women with periods: My cycles are irregular, too short (<27 days),	0	1	2	3	4
	or too long (>31 days).					
11	Women without periods: I do not feel like making love anymore.	0	1	2	3	4

Add up your Overall Score _____: Overall total of 10 or less is satisfactory level. Between 11 and 20: Possible Estrogen deficiency. 21 or more: Probable Estrogen deficiency.

PR	OGESTERONE							
SIGI	NS & SYMPTOMS	No	Little	Moderate	Much	Extreme		
		Never	Rarely	Regularly	Often	Constant		
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 replacer	nent the	rapy (estroge	en or progest	terone).			
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 am 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-menopause women not treated with hormone replacement therapy: 4 or less: Satisfactory level. Between 5 and 8: Possible progesterone deficiency. 9 or more: Probable progesterone deficiency.

Menopausal women taking hormone replacement therapy: 10 or less: Satisfactory level. Between 11-20: Possible progesterone deficiency. 21 or more: Probable progesterone deficiency.

TE	STOSTERONE					
SIGI	NS & SYMPTOMS	No	Little	Moderate	Much	Extreme
		Never	Rarely	Regularly	Often	Constant
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	My thighs show up with cellulite.	0	1	2	3	4
5	My legs have varicose veins.	0	1	2	3	4
6	I'm constantly tired.	0	1	2	3	4
7	I am often hesitant, undecided.	0	1	2	3	4
8	I can have excessive emotions, even hysterical reactions.	0	1	2	3	4
9	I feel like making love less often than I used to.	0	1	2	3	4
10	I have difficulties to reach orgasm.	0	1	2	3	4

Add up your Overall Score _____: Overall total of 10 or less is satisfactory level. Between 11 and 20: Possible Testosterone deficiency. 21 or more: Probable Testosterone deficiency.

PR	PREGNENOLONE					
SIGI	NS & SYMPTOMS	No	Little	Moderate	Much	Extreme
		Never	Rarely	Regularly	Often	Constant
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	1	2	3	4
	(0 = plenty of hair, 4 = hairless)					
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 of 10 or less is satisfactory level. Between 11 and 20: Possible Pregnenolone deficiency. 21 or more: Probable Pregnenolone deficiency.

DH	EA					
SIGI	NS & SYMPTOMS	No	Little	Moderate	Much	Extreme
		Never	Rarely	Regularly	Often	Constant
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
	(0 = plenty of hair, 4 = hairless)					
6	I don't have much hair in the pubic area.	0	1	2	3	4
	(0 = plenty of hair, 4 = hairless)					
7	I don't have much fatty tissue in the pubic area.	0	1	2	3	4
	(0 = plenty of hair, 4 = hairless)					
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 of 10 or less is satisfactory level. Between 11 and 20: Possible DHEA deficiency. 21 or more: Probable DHEA deficiency.

TH	YROID					
SIGI	NS & SYMPTOMS	No	Little	Moderate	Much	Extreme
		Never	Rarely	Regularly	Often	Constant
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 by 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 am living in slow motion.	0	1	2	3	4

Add up your Overall Score _____: Overall total of 10 or less is satisfactory level. Between 11 and 20: Possible thyroid hormone deficiency. 21 or more: Probable thyroid hormone deficiency.

C	ORTISOL					
SIGI	NS & SYMPTOMS	No	Little	Moderate	Much	Extreme
		Never	Rarely	Regularly	Often	Constant
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, urticaria ("nettle rash"), skin allergies, or	0	1	2	3	4
	other rashes.					
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 (to the extent of bingeing).	0	1	2	3	4
7	I have digestive problems.	0	1	2	3	4
8	I have allergies (hay fever, asthma, etc.).	0	1	2	3	4
9	I'm stressed out.	0	1	2	3	4
10	I'm easily confused.	0	1	2	3	4

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

ME	LATONIN					
SIGI	NS & SYMPTOMS	No	Little	Moderate	Much	Extreme
		Never	Rarely	Regularly	Often	Constant
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	My belly tends to get fat	0	1	2	3	4
4	And 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 wake up, I don't feel well rested.	0	1	2	3	4
8	I feel like I'm living out of sync with the world, going to bed late and	0	1	2	3	4
	waking up late.					
9	I can't tolerate jet lag.	0	1	2	3	4
10	I smoke, drink, and/or use a beta-blocker or a sleep aid.	0	1	2	3	4

Add up your Overall Score _____: Overall total of 10 or less is satisfactory level. Between 11 and 20: Possible melatonin deficiency. 21 or more: Probable melatonin deficiency.