

Hormone Health Questionnaires

Thyroid Imbalance

Rate the symptoms of thyroid imbalance that you have experienced in the last 3 months on a scale from 1 to 5. **If you did not experience the symptom, please rate it as 1.** Here's how to rate your symptoms:

- 1 = I do not experience this symptom with any regularity.
- 2 = the symptom is a minor problem — I notice the symptom but can manage most of the time.
- 3 = the symptom is a moderate issue for me — I can manage it some of the time but I sometimes struggle.
- 4 = the symptom is a real problem, but I try to push myself through it.
- 5 = the symptom is severe — I can barely function.

Symptom	1	2	3	4	5
1 Unusual weight gain, or difficulty losing weight	<input type="radio"/>				
2 Fatigue and loss of energy	<input type="radio"/>				
3 Brittle hair, itchy scalp, or hair loss. Thinning eyebrows.	<input type="radio"/>				
4 Dry skin and brittle nails	<input type="radio"/>				
5 Joint and muscle aches	<input type="radio"/>				
6 Difficulty tolerating cold temperatures	<input type="radio"/>				
7 Lower body temperature	<input type="radio"/>				
8 Headaches	<input type="radio"/>				
9 Feeling forgetful, fuzzy-minded, or absent-minded	<input type="radio"/>				
10 Sleeping more than average	<input type="radio"/>				
11 Diminished sex drive	<input type="radio"/>				

12 Feeling down or having mood swings

13 Puffiness in face and extremities

14 Constipation and other bowel problems

15 Numbness or tingling in the hands

Adrenal Imbalance

Rate the symptoms of adrenal imbalance that you have experienced in the last 3 months on a scale of 1 to 5. **If you did not experience the symptom, please rate it as 1.** Here's how to rate your symptoms:

- 1 = I do not experience this symptom with any regularity.
- 2 = the symptom is a minor problem – I notice the symptom but can manage most of the time.
- 3 = the symptom is a moderate issue for me – I can manage it some of the time but I sometimes struggle.
- 4 = the symptom is a real problem, but I try to push myself through it.
- 5 = the symptom is severe – I can barely function.

Symptom	1	2	3	4	5
1 Difficulty falling asleep	<input type="radio"/>				
2 Difficulty staying asleep	<input type="radio"/>				
3 Waking up tired	<input type="radio"/>				
4 Feeling tired, especially in the afternoon	<input type="radio"/>				
5 Feeling fatigued throughout the day	<input type="radio"/>				
6 Craving sweets, carbohydrates, or sugar	<input type="radio"/>				

7 Craving caffeinated beverages, such as coffee, energy drinks, or soda

8 Craving salty foods

9 Unexpected weight gain, especially around the middle

10 Temperature intolerance – inability to tolerate cold or hot temperatures

11 Irritability, or inability to control temper

12 Feeling forgetful, fuzzy-minded, or absent-minded

13 Feeling anxious

14 Lack of energy or feeling drained

15 Feeling stressed almost all the time

Next: tell me which situation below best describes you:



You feel “speedy” and energized all day. You are constantly racing. You find it hard to settle down at night to sleep, and your sleep is somewhat irregular. Even though you are running around, you still feel overwhelmed by fatigue from time to time.



You are exhausted first thing in the morning and have a hard time waking up without consuming coffee or sugar. You spend the day feeling tired and so you continue using caffeinated beverages and sugar to keep you going. By the end of the day, the drinks and sweets have caught up with you and you have a hard time settling down. Now, you can’t fall asleep and, as a result, you wake up tired again the next morning — and the same cycle begins again.



Your daily demands and stresses have left your adrenal reserves simply exhausted. You feel as if you never have energy, and despite being worn out, you cannot sleep at night. As a result, you are barely able to summon the energy needed to meet the basic demands of your family and home life, and your job. You have been so tired for so long that you are beginning to wonder if you will *ever* feel like yourself again.



None of the situations above describes me.

Sex Hormones Imbalance or Menopause

Rate the symptoms you have experienced in the last 3 months on a scale of 1-5. If you did not experience the symptom, please rate it as a 1. Here's how to rate your symptoms:

- 1 = I do not experience this symptom with any regularity.
- 2 = the symptom is a minor problem — I notice the symptom but can manage most of the time.
- 3 = the symptom is a moderate issue for me — I can manage it some of the time but I sometimes struggle.
- 4 = the symptom is a real problem, but I try to push myself through it.
- 5 = the symptom is severe — I can barely function.

Again, if you didn't experience the symptom, please rate it as a 1.

Symptom	1	2	3	4	5
1 Irregular periods	<input type="radio"/>				
2 Hot flashes and/or night sweats	<input type="radio"/>				
3 PMS-like symptoms (cramps, bloating, breast tenderness, headaches, and/or irritability)	<input type="radio"/>				
4 Sleep difficulties	<input type="radio"/>				
5 Fatigued and/or have loss of energy	<input type="radio"/>				
6 Feeling sad, moody or overwhelmed	<input type="radio"/>				
7 Feeling anxious, having anxiety attacks, or temporary heart palpitations	<input type="radio"/>				
8 Feeling forgetful, fuzzy-minded or confused	<input type="radio"/>				
9 Irritability or just not feeling like yourself	<input type="radio"/>				
10 Bloating, gas, diarrhea, constipation or nausea	<input type="radio"/>				
11 Stiff or achy joints	<input type="radio"/>				
12 Weight gain, especially around the middle, in the past year	<input type="radio"/>				
13 Loss of libido or a change in sexual desire	<input type="radio"/>				
14 Vaginal dryness	<input type="radio"/>				
15 Cravings (sweets, carbohydrates, etc.)	<input type="radio"/>				
16 Thinning hair or hair loss	<input type="radio"/>				