



## Hormone Symptoms Score Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The following score sheet will help you determine whether hormone testing is needed and which tests to order. Each category is divided into hormone deficiency and excess, as each has a different subset of symptoms. Score the symptoms which apply as 0(none), 1(mild), 2(moderate), or 3(severe). A total score of 10 or higher in any one category (deficiency and excess combined) indicates an area that needs testing.

### Estrogen (Estradiol)

Deficiency	Excess
<input type="checkbox"/> Hot Flashes	<input type="checkbox"/> Mood Swings
<input type="checkbox"/> Night Sweats	<input type="checkbox"/> Tender Breasts
<input type="checkbox"/> Vaginal Dryness	<input type="checkbox"/> Water Retention
<input type="checkbox"/> Foggy Thinking	<input type="checkbox"/> Nervous
<input type="checkbox"/> Memory Lapse	<input type="checkbox"/> Irritable
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Anxious
<input type="checkbox"/> Tearful	<input type="checkbox"/> Fibrocystic Breast
<input type="checkbox"/> Depressed	<input type="checkbox"/> Uterine Fibroids
<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Weight Gain in Hips
<input type="checkbox"/> Heart Palpitation	<input type="checkbox"/> Bleeding Changes
<b>TOTAL SCORE</b> _____	

### Androgens (DHEA-S and Testosterone)

Deficiency	Excess
<input type="checkbox"/> Low Libido	<input type="checkbox"/> Excessive Facial Hair
<input type="checkbox"/> Vaginal Dryness	<input type="checkbox"/> Excessive Body Hair
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Increased Acne
<input type="checkbox"/> Aches/Pains	<input type="checkbox"/> Oily Skin
<input type="checkbox"/> Memory Lapses	<input type="checkbox"/> Ovarian Cysts
<input type="checkbox"/> Depressed	
<input type="checkbox"/> Sleep Disturbances	
<input type="checkbox"/> Incontinence	
<input type="checkbox"/> Bone Loss	
<input type="checkbox"/> Decreased Muscle Mass	
<input type="checkbox"/> Thinning Skin	
<b>TOTAL SCORE</b> _____	

### Progesterone

Deficiency	Excess
<input type="checkbox"/> Hot Flashes	<input type="checkbox"/> Sleepiness
<input type="checkbox"/> Night Sweats	<input type="checkbox"/> Breasts Swelling
<input type="checkbox"/> Vaginal Dryness	<input type="checkbox"/> Tender Breasts
<input type="checkbox"/> Foggy Thinking	<input type="checkbox"/> Decreased Libido
<input type="checkbox"/> Memory Lapse	<input type="checkbox"/> Mild Depression
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Candida Infection
<input type="checkbox"/> Tearful	
<input type="checkbox"/> Depressed	
<input type="checkbox"/> Sleep Disturbances	
<input type="checkbox"/> Heart Palpitation	
<input type="checkbox"/> Bone Loss	
<b>TOTAL SCORE</b> _____	

### Cortisol

Deficiency	Excess
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Sleep Disturbances
<input type="checkbox"/> Sugar Craving	<input type="checkbox"/> Bone Loss
<input type="checkbox"/> Allergies	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Chemical Sensitivity	<input type="checkbox"/> Weight Gain/Waist
<input type="checkbox"/> Stress	<input type="checkbox"/> Loss of Muscle Mass
<input type="checkbox"/> Cold Body Temp	<input type="checkbox"/> Thinning Skin
<input type="checkbox"/> Heart Palpitations	
<input type="checkbox"/> Aches / Pains	
<input type="checkbox"/> Arthritis	
<b>TOTAL SCORE</b> _____	