

Female Hormone Health Questionnaire

This questionnaire will help the doctor determine your diagnosis and best treatment plan
Please answer EVERY question to the best of your ability

	<u>Symptoms</u>	Not at all	A Little	Some	Quite a bit	Extreme
1	Depressive Mood (feeling down/sad/lack of drive)					
2	Memory Loss (forgetfulness)					
3	Mental confusion (feeling in a mental fog)					
4	Difficulty in concentrating					
5	Anxiety (feeling tense or nervous)					
6	Feeling tense or nervous					
7	Feeling tired or lacking in energy					
8	Loss of interest in most things					
9	Feeling unhappy or depressed					
10	Mood changes/Irritability					
11	Migraine/Severe headaches					
12	Sleep problems (difficult to fall/stay asleep/wake up tired)					
13	Bloating					
14	Weight Gain					
15	Decreased sex drive/libido (decreased desire for sex)					
16	Difficult to climax sexual (decreased sexual responsiveness)					
17	Breast tenderness					
18	Vaginal dryness					
19	Hot flashes					
20	Night sweats					
	Row Total					
	OVERALL TOTAL					