Hormone Assessment Questionnaire

Name: _____ Date: _____ Age: _____

Any Personal History or Family History of Breast Cancer? Personal Family

Any Personal History or Family History of Blood Clots/ Stroke? Personal Family

Any Personal History of High Cholesterol? YES NO

Any Personal History of Migraines with AURA? _____

When was your last Pap SMEAR ? _____

Last Menstrual Period? _____ NATURAL MENOPAUSE _____ HYSTERECTOMY _____ OVARIES Y N

X	Place an **X** on any that apply to you
	Are you having changes from your regular sleep cycle?
	Do you suffer from hot flashes?
	Do you experience night sweats?
	Are you more forgetful than you used to be?
	Do you feel depressed, or simply "flat" and uninspired?
	Are you less social?
	Do you see signs of aging lately-your skin is more dry, and less elastic?
	Does your skin ever tingle or itch?
	Do most things seem like a chore to you lately?
	Do you notice less vaginal lubrication than before?
	Do you sometimes experience anxiety or panic?
	Are you experiencing adult onset acne?
	Do you have body or joint pain?
	Are your periods irregular?
	Do you spot before your periods?
	Are your menstrual cramps worse than in years passed?
	Have your periods gotten heavier?
	Do you experience premenstrual breast pain? Breast size increase?
	Do you experience premenstrual water retention?
	Have you been diagnosed with having fibroids?
	Are you more nervous premenstrually?
	Do you experience poor quality sleep before and during your period?
	Do you find that you are less calm than you used to be before, in general?
	Have you lost your sense of vitality?
	Are you feeling less assertive than you used too?
	Have you recently lost muscle mass?
	Have you noticed your hair thinning?
	Does you face feel more oily than usual?
	Have you noticed an increase in dark hair growth on your chin or upper lip?
	Do you find yourself looking for conflict sometimes?
	Has your sexual drive diminished significantly?
	Do you feel you must sleep more than 8 hours, and still feel exhausted?
	Have you lost your sense of confidence?
	Do you have midday energy slumps?
	Do you find that you have more colds and bouts of the flu than usual
	Are you gaining fat in your midsection and chest?
	Are you not as sharp as you used to be, in general?
	Is there a family history of Alzheimer's disease?
	Do you have arthritis or do you experience joint pain?