

# NHI LE, M.D.

TEXAS MEDICAL AND WELLNESS CLINIC

FOUNTAIN OF YOUTH MEDICAL SPA

## HORMONE QUESTIONNAIRE

Carefully read each statement and answer on a scale between 0(never) and 4(always).

### PART 1

#### PROGESTERONE

##### Signs & Symptoms

|  | Never |   |   | Always |   |
|--|-------|---|---|--------|---|
| 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 replacement therapy (estrogen or estrogen and progesterone)

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 5. My breasts are swollen and tender or painful before my period. | 0 | 1 | 2 | 3 | 4 |
| 6. My lower belly is swollen.                                     | 0 | 1 | 2 | 3 | 4 |
| 7. I'm irritable and aggressive.                                  | 0 | 1 | 2 | 3 | 4 |
| 8. 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-menopausal women not treated with hormone replacement therapy (estrogen or estrogen and progesterone) 4 or less: Satisfactory level between 5 and 8 possible progesterone deficiency. 9 or more: Probable progesterone deficiency. Menstrual women and menopausal women taking hormone replacement therapy (estrogen or estrogen and progesterone) 10 or less: Satisfactory level. Between 11 and 20: Possible progesterone deficiency. 21 or more: probable progesterone deficiency.

#### TESTOSTERONE

##### Signs & Symptoms (Men and Women)

|  | Never |   |   | Always |   |
|--|-------|---|---|--------|---|
| My face has gotten slack and more wrinkled .       | 0     | 1 | 2 | 3      | 4 |
| I've lost muscle tone.                             | 0     | 1 | 2 | 3      | 4 |
| My belly tends to get fat.                         | 0     | 1 | 2 | 3      | 4 |
| I'm constantly tired.                              | 0     | 1 | 2 | 3      | 4 |
| I feel like making love less often then I used to. | 0     | 1 | 2 | 3      | 4 |

##### Signs & Symptoms (Men Only)

|   | Never |   |   | Always |   |
|---|-------|---|---|--------|---|
| My breasts are getting fatty.                       | 0     | 1 | 2 | 3      | 4 |
| I feel less self-confident and more hesitant.       | 0     | 1 | 2 | 3      | 4 |
| My sexual performance is poorer than it used to be. | 0     | 1 | 2 | 3      | 4 |
| I have hot flashes and sweats .                     | 0     | 1 | 2 | 3      | 4 |
| I tire easily with physical activity.               | 0     | 1 | 2 | 3      | 4 |

Add up overall score\_\_\_\_. For women: 5 or less: Satisfactory level. Between 6 and 10: Possible testosterone deficiency. 11 or more: Probable testosterone deficiency. Score for men: 10 or less: Satisfactory level. Between 11 and 20: Possible testosterone deficiency. 21 or more: Probably testosterone deficiency.

## **GROWTH HORMONE**

### **Signs & Symptoms**

|  | <b>Never</b> |   |   | <b>Always</b> |   |
|--|--------------|---|---|---------------|---|
| 1. My hair is thinning.                              | 0            | 1 | 2 | 3             | 4 |
| 2. My cheeks sag.                                    | 0            | 1 | 2 | 3             | 4 |
| 3. My gums are receding.                             | 0            | 1 | 2 | 3             | 4 |
| 4. My abdomen is flabby. I've got a spare tire.      | 0            | 1 | 2 | 3             | 4 |
| 5. My muscles are slack.                             | 0            | 1 | 2 | 3             | 4 |
| 6. My skin is thin and/or dry.                       | 0            | 1 | 2 | 3             | 4 |
| 7. It's hard to recover after physical activity.     | 0            | 1 | 2 | 3             | 4 |
| 8. I feel exhausted.                                 | 0            | 1 | 2 | 3             | 4 |
| 9. I don't like the world. I tend to isolate myself. | 0            | 1 | 2 | 3             | 4 |
| 10. I feel continuously anxious and worried.         | 0            | 1 | 2 | 3             | 4 |

Add up your overall score\_\_\_\_\_. Overall total 10 or less is satisfactory level. Between 11–20 possible growth hormone deficiency. 20 or more probable growth hormone deficiency.

## **DHEA**

### **Signs & Symptoms**

|  | <b>Never</b> |   |   | <b>Always</b> |   |
|--|--------------|---|---|---------------|---|
| 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 |
| 6. I don't have much hair in the pubic area.   | 0            | 1 | 2 | 3             | 4 |
| 7. I don't have much fatty tissue in the pubic area (flat "mound of Venus" in women) (0–padded 4–flat) | 0            | 1 | 2 | 3             | 4 |
| 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 11–20 Possible DHEA deficiency. 21 or more probable DHEA deficiency.

## **THYROID**

### **Signs & Symptoms**

|   | <b>Never</b> |   |   | <b>Always</b> |   |
|---|--------------|---|---|---------------|---|
| I'm sensitive to cold.                                      | 0            | 1 | 2 | 3             | 4 |
| My hands and feet are always cold.                          | 0            | 1 | 2 | 3             | 4 |
| In the morning my face is puffy and my eyelids are swollen. | 0            | 1 | 2 | 3             | 4 |
| I put on weight easily.                                     | 0            | 1 | 2 | 3             | 4 |
| I have dry skin.  | 0            | 1 | 2 | 3             | 4 |
| I have trouble getting up in the morning.                   | 0            | 1 | 2 | 3             | 4 |
| I feel more tired at rest than when I'm active.             | 0            | 1 | 2 | 3             | 4 |
| I am constipated.   | 0            | 1 | 2 | 3             | 4 |
| My joints are stiff in the morning.                         | 0            | 1 | 2 | 3             | 4 |
| I feel like I'm living in slow motion.                      | 0            | 1 | 2 | 3             | 4 |

Add up your overall score\_\_\_\_\_. Overall total of 10 or less is satisfactory level. Between 11–20 possible thyroid hormone deficiency. 21 or more probable thyroid hormone deficiency.

## ESTROGEN

### Signs & Symptoms

|  | Never |   |   | Always |   |
|--|-------|---|---|--------|---|
| 1. I am losing my hair on 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.                   | 0     | 1 | 2 | 3      | 4 |
| 11. Women without periods: I do not feel like making love anymore. |       |   |   |        |   |

Add up your overall score\_\_\_\_\_. Overall total of 10 or less is satisfactory level. Between 11-20: Possible Estrogen deficiency.

## Part II

Circle the answers to the ailments and discuss them with your physician.

### ENERGY

- |   |     |    |
|---|-----|----|
| 1. Do you have a hard time getting up in the morning? | Yes | No |
| 2. Do you always feel tired in the afternoon?         | Yes | No |

### SEX

- |   |     |    |
|---|-----|----|
| 1. Do you lack sexual desire?                         | Yes | No |
| 2. Does your penis or clitoris seem less sensitive?   | Yes | No |
| 3. Are your erections not firm enough?                | Yes | No |
| 4. Have you lost your attraction toward your partner? | Yes | No |
| 5. Do you lack vaginal lubrication?                   | Yes | No |

### SLEEP

- |  |     |    |
|--|-----|----|
| 1. Do you sleep poorly?                | Yes | No |
| 2. Do you have trouble staying asleep? | Yes | No |

### MEMORY

- |   |     |    |
|---|-----|----|
| 1. Do you suffer from short or long term memory loss? | Yes | No |
| 2. Do you have trouble concentrating?                 | Yes | No |

### SKIN AND HAIR

- |   |     |    |
|---|-----|----|
| 1. Wrinkles on your face along the nose, smile lines, forehead creases? | Yes | No |
| 2. Do you have little wrinkles around the eyes and crows feet?          | Yes | No |
| 3. Do you have age spots?   | Yes | No |
| 4. Do you have dry thin skin?   | Yes | No |
| 5. Are you losing your hair or is it turning gray?                      | Yes | No |

### WEIGHT CONTROL

- |   |     |    |
|---|-----|----|
| 1. Is your abdomen too plump? Is it distended?                              | Yes | No |
| 2. Women: Are your breast too large? Do they get larger before your period? | Yes | No |
| 3. Are your buttocks and thighs too well padded? Are you pear shaped?       | Yes | No |

**STRESS & MOOD**

- |  |     |    |
|--|-----|----|
| 1. Do you suffer from constant fatigue?    | Yes | No |
| 2. Do you have high blood pressure?        | Yes | No |
| 3. Are you anxious, nervous, or irritable? | Yes | No |
| 4. Do small things set you off?            | Yes | No |
| 5. Are you depressed?                      | Yes | No |

**JOINTS & BONES**

- |   |     |    |
|---|-----|----|
| 1. Do you have arthritis?   | Yes | No |
| 2. Do you have osteoarthritis in the hip?                         | Yes | No |
| 3. Do you have fibromyalgia (sharp shoulder pain)?                | Yes | No |
| 4. Have you lost muscle mass, tone, strength?                     | Yes | No |
| 5. Do you have bone loss of the spine, hips, hands, wrist & feet? | Yes | No |