

USING SYMPTOMS TO DETERMINE WHICH HORMONES TO TEST

The following score sheet will help determine whether hormone testing is needed, and which tests to order. Each hormone category is divided into hormone deficiency and hormone excess, as each has different subset of symptoms. Score the symptoms that apply to you as **0 (none)**, **1 (mild)**, **2 (moderate)**, or **3 (severe)**. If you score higher than 10 (combined deficiency and excess symptoms) in any category it is probably worthwhile to test for that hormone.

Name _____ Date _____

<p style="text-align: center;">Estrogens (Estradiol)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Estrogen deficiency <input type="checkbox"/> Hot Flashes <input type="checkbox"/> Night Sweats <input type="checkbox"/> Vaginal Dryness <input type="checkbox"/> Foggy Thinking <input type="checkbox"/> Memory Lapses <input type="checkbox"/> Incontinence <input type="checkbox"/> Tearful <input type="checkbox"/> Depressed <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Heart Palpitations <input type="checkbox"/> Bone Loss </td> <td style="width: 50%; vertical-align: top;"> Estrogen Excess <input type="checkbox"/> Mood Swings (PMS) <input type="checkbox"/> Tender Breasts <input type="checkbox"/> Water Retention <input type="checkbox"/> Nervousness <input type="checkbox"/> Irritable <input type="checkbox"/> Anxious <input type="checkbox"/> Fibrocystic Breasts <input type="checkbox"/> Uterine Fibroids <input type="checkbox"/> Weight Gain in Hips <input type="checkbox"/> Bleeding Changes <input type="checkbox"/> Headaches </td> </tr> </table> <p style="text-align: center;">_____ SCORE</p>	Estrogen deficiency <input type="checkbox"/> Hot Flashes <input type="checkbox"/> Night Sweats <input type="checkbox"/> Vaginal Dryness <input type="checkbox"/> Foggy Thinking <input type="checkbox"/> Memory Lapses <input type="checkbox"/> Incontinence <input type="checkbox"/> Tearful <input type="checkbox"/> Depressed <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Heart Palpitations <input type="checkbox"/> Bone Loss	Estrogen Excess <input type="checkbox"/> Mood Swings (PMS) <input type="checkbox"/> Tender Breasts <input type="checkbox"/> Water Retention <input type="checkbox"/> Nervousness <input type="checkbox"/> Irritable <input type="checkbox"/> Anxious <input type="checkbox"/> Fibrocystic Breasts <input type="checkbox"/> Uterine Fibroids <input type="checkbox"/> Weight Gain in Hips <input type="checkbox"/> Bleeding Changes <input type="checkbox"/> Headaches	<p style="text-align: center;">Progesterone</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Progesterone Deficiency <input type="checkbox"/> Hot Flashes <input type="checkbox"/> Night Sweats <input type="checkbox"/> Vaginal Dryness <input type="checkbox"/> Foggy Thinking <input type="checkbox"/> Memory Lapses <input type="checkbox"/> Incontinence <input type="checkbox"/> Tearful <input type="checkbox"/> Depressed <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Heart Palpitations <input type="checkbox"/> Bone Loss </td> <td style="width: 50%; vertical-align: top;"> Progesterone Excess <input type="checkbox"/> Sleepiness <input type="checkbox"/> Breast Swelling <input type="checkbox"/> Breast Tenderness <input type="checkbox"/> Decreased Libido <input type="checkbox"/> Mild Depression <input type="checkbox"/> Candida Infections </td> </tr> </table> <p style="text-align: center;">_____ SCORE</p>	Progesterone Deficiency <input type="checkbox"/> Hot Flashes <input type="checkbox"/> Night Sweats <input type="checkbox"/> Vaginal Dryness <input type="checkbox"/> Foggy Thinking <input type="checkbox"/> Memory Lapses <input type="checkbox"/> Incontinence <input type="checkbox"/> Tearful <input type="checkbox"/> Depressed <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Heart Palpitations <input type="checkbox"/> Bone Loss	Progesterone Excess <input type="checkbox"/> Sleepiness <input type="checkbox"/> Breast Swelling <input type="checkbox"/> Breast Tenderness <input type="checkbox"/> Decreased Libido <input type="checkbox"/> Mild Depression <input type="checkbox"/> Candida Infections
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