



Burns Integrative Wellness Center

34406 N. 27th Drive Suite 114
Phoenix AZ 85085

Office: 623-252-0376
Fax: 623-399-1059



Hormone Questionnaire

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Progesterone

Signs & Symptoms

Never Always

- | | | | | | | |
|---|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | My breasts are large. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 2 | My close friends complain I'm nervous and agitated. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 3 | I feel anxious. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 4 | I sleep lightly and restlessly. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| Questions 5-10 are for women who are non-menopausal or on replacement therapy [estrogen and/or progesterone] | | | | | | |
| 5 | My breasts are swollen and tender or painful before my period. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 6 | My lower belly is swollen. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 7 | I'm irritable and aggressive. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 8 | I lose my self-control. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 9 | I have heavy periods. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 10 | My periods are painful. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |

Add up your overall score

Testosterone

Signs & Symptoms [Men & Women]

Never Always

- | | | | | | | |
|--|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | My face has gotten slack and more wrinkled. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 2 | I've lost muscle tone. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 3 | My belly tends to get fat. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 4 | I'm constantly tired. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 5 | I feel like making love less often than I used to. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| Signs & Symptoms [Men Only] | | | | | | |
| 6 | My breasts are getting fatty. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 7 | I feel less self confident and more hesitant. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 8 | My sexual performance is poorer than it used to be. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 9 | I have hot flashes and sweats. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 10 | I tire easily with physical activity | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |

Add up your overall score

Patient Name _____



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Growth Hormone

Signs & Symptoms [Men & Women]

Never Always

- 1 My hair is thinning.
- 2 My cheeks sag.
- 3 My gums are receding.
- 4 My abdomen is flabby / I've got a "spare tire."
- 5 My muscles are slack.
- 6 My skin is thin and/or dry.
- 7 It's difficult to recover after physical activity.
- 8 I feel exhausted.
- 9 I don't like the world. I tend to isolate myself.
- 10 I feel continuously anxious and worried.

0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4

Add up your overall score

Thyroid

Signs & Symptoms

Never Always

- 1 I'm sensitive to cold.
- 2 My hands and feet are always cold.
- 3 In the morning my face is puffy and my eyelids are swollen.
- 4 I put on weight easily.
- 5 I have dry skin.
- 6 I have trouble getting up in the morning.
- 7 I feel more tired at rest than when I'm active.
- 8 I am constipated.
- 9 My joints are stiff in the morning.
- 10 I feel like I'm living in slow motion,

0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4

Add up your overall score

Patient Name _____

Hormone Questionnaire

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Estrogen

Signs & Symptoms [Men & Women]

Never Always

- | | | | | | | |
|---|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | I am losing hair on the top of my head. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 2 | I am getting thin, vertical wrinkles above my lips. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 3 | I have hot flashes. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 4 | I feel tired constantly. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 5 | I am depressed. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |

Signs & Symptoms [Women Only]

- | | | | | | | |
|---|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 6 | My breasts are droopy. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 7 | My face is too hairy. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |

Women with periods

- | | | | | | | |
|---|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 8 | My menstrual flow is heavy [0=moderate 1-3=low 4=none] | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 9 | My cycles are irregular
[0 for short or < 27 days 2 for normal 4 for long or > 31 days] | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |

Women without periods

- | | | | | | | |
|----|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 10 | I do not feel like making love anymore. | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
|----|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|

Add up your overall score

Energy

Y N

- | | | | |
|---|--|--------------------------|--------------------------|
| 1 | Do you have a hard time getting up in the morning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Do you have a hard time getting up in the morning? | <input type="checkbox"/> | <input type="checkbox"/> |

Sex

Y N

- | | | | |
|---|--|--------------------------|--------------------------|
| 1 | Do you lack sexual desire? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Does your penis or clitoris seem less sensitive? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Have you lost attraction towards your partner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | [Men] - Are your erections not firm enough? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | [Women] - Do you lack vaginal lubrication? | <input type="checkbox"/> | <input type="checkbox"/> |

Sleep

Y N

- | | | | |
|---|----------------------|--------------------------|--------------------------|
| 1 | Do you sleep poorly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Do you rarely dream? | <input type="checkbox"/> | <input type="checkbox"/> |

Memory

Y N

- | | | | |
|---|--|--------------------------|--------------------------|
| 1 | Do you suffer from short or long-term memory loss? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Do you have trouble concentrating? | <input type="checkbox"/> | <input type="checkbox"/> |

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Skin and Hair

Y N

- | | | | |
|---|---|--------------------------|--------------------------|
| 1 | Do you have wrinkles on your face along the nose, smile lines, or forehead creases? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Do you have wrinkles or crows feet around your eyes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Do you have age spots? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Do you have dry, thin skin? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Are you losing your hair or is it turning gray? | <input type="checkbox"/> | <input type="checkbox"/> |

Weight Control

Y N

- | | | | |
|---|--|--------------------------|--------------------------|
| 1 | Is your abdomen too plump? Is it distended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | [Women] - Are your breasts too large? Do they get larger before your period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Are your buttocks and thighs too well padded? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Are you pear-shaped? | <input type="checkbox"/> | <input type="checkbox"/> |

Stress and Mood

Y N

- | | | | |
|---|---|--------------------------|--------------------------|
| 1 | Do you suffer from constant fatigue? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Do you have high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Are you anxious, nervous, or irritable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Do small things set you off? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Are you depressed? | <input type="checkbox"/> | <input type="checkbox"/> |

Joints and Bones

Y N

- | | | | |
|---|--|--------------------------|--------------------------|
| 1 | Do you have arthritis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Do you have osteoarthritis in the hip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Do you have fibromyalgia? [sharp shoulder pain] | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Have you lost muscle mass, tone and strength? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Do you have bone loss of the spine, hips, wrists and feet? | <input type="checkbox"/> | <input type="checkbox"/> |

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