



Reproductive Hormone Assessment - Female

Based upon your health profile for **the past 30 days**, please select the appropriate number, from '0 - 3' on all questions (0 as least/never/no and 3 as most/always/yes). Circle the number you feel best applies, then add the numbers to create your score.

POINT SCALE:

0 = NEVER (also: least, no, never tried/experienced)

1 = MILD (also: occasionally; symptom occurs rarely - i.e. a couple of times a month at most)

2 = MODERATE (also: some severity/intensity, and/or frequency, often; symptom occurs weekly)

3 = SEVERE/ABSOLUTE (also: frequent, intense, most, always, yes)

For all yes/no questions, 0=no and 3=yes

Reproductive Hormone Assessment – Menstrual Cycle Years

Post-menopausal women answer based on function before menopause.

1. **0 1 2 3** Do you experience depression during periods?
2. **0 1 2 3** Do you have mood swings associated with periods (PMS)?
3. **0 1 2 3** Do you crave chocolate around periods?
4. **0 1 2 3** Do you have breast tenderness associated with your cycle?
5. **0 1 2 3** Do you have a history of menstrual disorders
6. **0 1 2 3** Do you ever have excessive menstrual flow?
7. **0 1 2 3** Do you ever have scanty blood flow during periods?
8. **0 1 2 3** Do you have occasional skipped periods?
9. **0 1 2 3** Are there variations in your menstrual cycles?
10. **0 1 2 3** Do you have endometriosis?
11. **0 1 2 3** Do you have uterine fibroids?
12. **0 1 2 3** Do you have breast fibroids, benign masses?
13. **0 1 2 3** Do you find intercourse painful (dysparenia)?
14. **0 1 2 3** Do you ever notice vaginal discharge?
15. **0 1 2 3** Do you ever notice vaginal dryness?
16. **0 1 2 3** Do you ever notice vaginal itchiness?
17. **0 1 2 3** Are you prone to gain weight around hips, thighs and buttocks?



18. **0 1 2 3** Are you prone to excess facial or body hair?
19. **0 1 2 3** Do you experience hot flashes?
20. **0 1 2 3** Do you experience night sweats?
21. **0 1 2 3** Have you noticed thinning skin?
22. **0 1 2 3** Have you noticed alternating menstrual cycle lengths?
23. **(0 = no; 3 = yes)** Do you have an extended menstrual cycle, greater than 32 days?
24. **(0 = no; 3 = yes)** Do you have a shortened menses, less than every 24 days?
25. **0 1 2 3** Do you experience pain and cramping during periods?
26. **0 1 2 3** Do you experience pelvic pain during menses?
27. **0 1 2 3** Are you irritable and depressed during menses?
28. **0 1 2 3** Do you experience acne break outs?
29. **0 1 2 3** Do you have facial hair growth?
30. **0 1 2 3** Have you noticed hair loss/thinning?
31. **0 1 2 3** Do you feel disinterest in sex?
32. **0 1 2 3** Are there nights when you cannot stay asleep?
33. **0 1 2 3** Do you experience afternoon headache(s)?
34. **0 1 2 3** Do you crave salt?
35. **0 1 2 3** Are you a slow starter in the morning?
36. **0 1 2 3** Do you experience afternoon fatigue?
37. **0 1 2 3** Do you experience dizziness when standing up quickly?
38. **0 1 2 3** Do you experience headache(s) with exertion or stress?
39. **0 1 2 3** Do you tend to be a "night person"?
40. **0 1 2 3** Do you have difficulty falling asleep?
41. **0 1 2 3** Are you a slow starter in the morning?
42. **0 1 2 3** Do you tend to be keyed up, and/or have trouble calming down?
43. **0 1 2 3** Is your blood pressure above 120/80?
44. **0 1 2 3** Do you experience headache(s) after exercising?
45. **0 1 2 3** Do you feel wired or jittery after drinking coffee?
46. **0 1 2 3** Do you clench or grind your teeth?
47. **0 1 2 3** Are you calm on the outside, but troubled on the inside?
48. **0 1 2 3** Do you have chronic low back pain that worsens with fatigue?
49. **0 1 2 3** Do you become dizzy when standing up suddenly?
50. **0 1 2 3** Do you have difficulty maintaining manipulative correction?
51. **0 1 2 3** Do you experience pain after manipulative correction?



52. 0 1 2 3 Do you have arthritic tendencies?
53. 0 1 2 3 Do you crave salty foods?
54. 0 1 2 3 Do you salt foods before tasting?
55. 0 1 2 3 Do you perspire easily?
56. 0 1 2 3 Do you have chronic fatigue and/or get drowsy often?
57. 0 1 2 3 Do you have bouts of afternoon yawning?
58. 0 1 2 3 Do you experience afternoon headache(s)?
59. 0 1 2 3 Do you have asthma, wheezing, and/or difficulty breathing?
60. 0 1 2 3 Do you experience pain on the medial or inner side of the knee?
61. 0 1 2 3 Do you have a tendency to sprain ankles or experience "shin splints"?
62. 0 1 2 3 Do you have a tendency to need sunglasses?
63. 0 1 2 3 Do you have allergies and/or hives?
64. 0 1 2 3 Do you ever suffer from weakness and/or dizziness?

TOTAL: _____/192

Reproductive Hormone Assessment – Menopausal Hormones


Menstruating women mark "0".


1. How many years have you been menopausal?
- 0 = none**
- 1 = 1 year;**
- 2 = 2 years;**
- 3 = 3 years or longer**
2. 0 1 2 3 Do you ever have uterine bleeding since menopause?
3. 0 1 2 3 Do you experience hot flashes?
4. 0 1 2 3 Do you have issues with mental fogginess?
5. 0 1 2 3 Are you disinterested in sex?
6. 0 1 2 3 Do you experience mood swings?
7. 0 1 2 3 Do you have issues with depression?
8. 0 1 2 3 Do you notice that intercourse is painful?
9. 0 1 2 3 Are your breasts shrinking?
10. 0 1 2 3 Do you have facial hair growth?
11. 0 1 2 3 Do you have acne?
12. 0 1 2 3 Do you have increased vaginal pain, dryness or itching?





TOTAL: _____/36

GRAND TOTAL: _____/228 = _____ X100 = _____%

 0-10% - Overall good hormonal balance. Sound nutrition and healthy habits will maintain good balance.

 11-20% - In need of a tune up to restore hormone balance before serious illness sets in. Diet and lifestyle improvements should shift to normal.

 21-35% - Hormones are out of balance and need attention.

 36-50% - Hormones are very compromised and likely to significantly affect your state of health, well-being and energy level.

 51-100% - Hormones are severely compromised and require immediate attention.