Check applicable symptoms of each category:

Name_____Date_____

Estrogen Deficiency

____Hot Flashes
____Night Sweats
____Vaginal Dryness
____Foggy Thinking
____Memory Lapses
____Incontinence
____Tearful
____Depressed
____Sleep Disturbance
____Heart Palpitations
____Bone Loss
____Dry Skin/Hair
____Headaches

Estrogen Excess

____Mood Swings (PMS)
____Tender Breasts
____Water Retention
____Nervous
____Irritable
____Sleep Disturbances
____Cold Body Temperature
____Elevated Triglycerides
____Fibrocystic Breasts
____Uterine Fibroids
____Weight Gain (hips)
____Bleeding Changes
____Headaches
____Breast Cancer
____Weight Gain (waist)
____Low Libido

Progesterone Deficiency

____Candida Infections
____Fibrocystic Breasts
____Hair Loss
____Anxiety
____Headaches
____Fluid Retention
____Arthritis
____Endometriosis
____Stressed Easily
____Water Retention
____Sleep Disturbances
____Weight Gain
____Heavy Periods
____Irritability
____Cramps
____Break-thru Bleeding
____Fibroids
____PMS
____Irregular Periods
____Hypothyroid

Androgens (DHEA-S) and Testosterone

Androgen Deficiency

____Low Libido
____Vaginal Dryness
____Fatigue
____Aches/Pains/Arthritis
____Memory Lapses
____Incontinence
____Heart Palpitations
____Depressed
____Sleep Disturbances
____Thinning Pubic Hair
____Bone Loss
____Decreased Muscle Mass
____Thinning Skin
____Fibromyalgia

Androgen Excess

____Excessive Facial Hair
____Excessive Body Hair
____Increased Acne
____Breast Cancer
____Elevated Triglycerides
____Oily Skin
____Ovarian Cysts
____Hair Loss (scalp)
____Nervous, Irritable

Cortisol Deficiency

____Fatigue
____Sugar Cravings
____Allergies
____Chemical Sensitivity
____Stress
____Cold Body Temp.
____Irritable
____Arthritis
____Heart Palpitations
____Aches/Pains

Cortisol Excess

____Sleep Disturbances
____Headaches
____Weight Gain/Loss
____Loss of Muscle Mass
____Elevated Triglycerides
____Increased body hair
____Anxious
____Nervous
____Heart Palpitations
____Sugar Cravings
____Cold Body Temp.
____Thinning Skin
____Increased facial hair
____Breast Cancer
____Memory Lapse
____Bone Loss
____Stress
____Fatigue
____Hair Loss
____Low Libido
____Irritable
____Acne

Thyroid Deficiency

____Tired or Exhausted
____Sad or Depressed
____Cold Body Temp.
____Cold Hands & Feet
____Weight Gain
____Can't Lose Weight
____Memory Lapse
____Forgetful
____Difficult to Concentrate
____Mood Changes
____Swelling/Puffy eyes/face
____Low Blood Pressure
____Slow Pulse Rate
____Decreased Sweating
____Hair Dry/Brittle
____Hair Loss
____Nails Breaking/Brittle
____Aches/Pains
____Low Libido
____Heart Palpitations
____Sleep Disturbances
____Bone Loss
____Decreased Muscle Mass
____Thinning Skin
____Infertility Problems
____Slow Reflexes
____Constipation
____Thick Tongue
____Slow Ankle Reflex
____Hoarseness

AMS Questionnaire

Which of the following symptoms apply to you at this time? Please, mark the appropriate box for each symptom. For symptoms that do not apply, please mark "none".

	Symptoms:	none	mild	moderate	severe	extremely severe
	Score =	1	2	3	4	5
1.	**Decline in your feeling of general well-being** (general state of health, subjective feeling)	☐	☐	☐	☐	☐
2.	**Joint pain and muscular ache** (lower back pain, joint pain, pain in a limb, general back ache)	☐	☐	☐	☐	☐
3.	**Excessive sweating** (unexpected/sudden episodes of sweating, hot flushes independent of strain)	☐	☐	☐	☐	☐
4.	**Sleep problems** (difficulty in falling asleep, difficulty in sleeping through, waking up early and feeling tired, poor sleep, sleeplessness)	☐	☐	☐	☐	☐
5.	**Increased need for sleep, often feeling tired**	☐	☐	☐	☐	☐
6.	**Irritability** (feeling aggressive, easily upset about little things, moody)	☐	☐	☐	☐	☐
7.	**Nervousness** (inner tension, restlessness, feeling fidgety)	☐	☐	☐	☐	☐
8.	**Anxiety** (feeling panicky)	☐	☐	☐	☐	☐
9.	**Physical exhaustion / lacking vitality** (general decrease in performance, reduced activity, lacking interest in leisure activities, feeling of getting less done, of achieving less, of having to force oneself to undertake activities)	☐	☐	☐	☐	☐
10.	**Decrease in muscular strength** (feeling of weakness)	☐	☐	☐	☐	☐
11.	**Depressive mood** (feeling down, sad, on the verge of tears, lack of drive, mood swings, feeling nothing is of any use)	☐	☐	☐	☐	☐
12.	**Feeling that you have passed your peak**	☐	☐	☐	☐	☐
13.	**Feeling burnt out, having hit rock-bottom**	☐	☐	☐	☐	☐
14.	**Decrease in beard growth**	☐	☐	☐	☐	☐
15.	**Decrease in ability/frequency to perform sexually**	☐	☐	☐	☐	☐
16.	**Decrease in the number of morning erections**	☐	☐	☐	☐	☐
17.	**Decrease in sexual desire/libido** (lacking pleasure in sex, lacking desire for sexual intercourse)	☐	☐	☐	☐	☐

Have you got any other major symptoms? **Yes** ☐ **No** ☐

If Yes, please describe: _____

_____

THANK YOU VERY MUCH FOR YOUR COOPERATION