



At Gold's Gym
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Hormone Questionnaire

Patient Name: _____ Date: _____

The following self-test is designed to help you determine if your levels of hormones are below normal. Please circle the score for each line then total the score at the bottom of each hormone. Dr. Powell will then discuss your scores with you during your appointment.

Somatotropin (Growth Hormone)

	Signs & Symptoms	Never	Occasionally	Regularly	Very Often	Constantly
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 of 10 or less is satisfactory. Between 11-20 -- possible somatotropin deficiency. 21 or more -- probable somatotropin deficiency.

DHEA

	Signs & Symptoms	Never	Occasionally	Regularly	Very Often	Constantly
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=plenty of hair / 4=hairless).	0	1	2	3	4
	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. Between 11-20 -- possible DHEA deficiency. 21 or more -- probable DHEA deficiency.

THYROID

	Signs & Symptoms	Never	Occasionally	Regularly	Very Often	Constantly
1.	I'm sensitive to cold.	0	1	2	3	4
2.	My hands and feet are always cold.	0	1	2	3	4
3.	In the morning my face is puffy and my eyelids are swollen.	0	1	2	3	4
4.	I put on weight easily.	0	1	2	3	4
5.	I have dry skin.	0	1	2	3	4
6.	I have trouble getting up in the morning.	0	1	2	3	4
7.	I feel more tired at rest than when I am active.	0	1	2	3	4
8.	I am constipated.	0	1	2	3	4
9.	My joints are stiff in the morning.	0	1	2	3	4
10.	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. Between 11-20 -- possible thyroid hormone deficiency. 21 or more -- probable thyroid hormone deficiency.

PREGNENOLONE

	Signs & Symptoms	Never	Occasionally	Regularly	Very Often	Constantly
1.	I have memory loss.	0	1	2	3	4
2.	My joints hurt (fingers, wrists, elbows, feet, ankles, knees).	0	1	2	3	4
3.	I'm feeling a bit drained and I have a hard time handling stress.	0	1	2	3	4
4.	I don't see colors as brightly as before.	0	1	2	3	4
5.	I have lost interest in art; I don't appreciate art as much anymore.	0	1	2	3	4
6.	I don't have much hair under my arms or in the pubic area. (0=plenty of hair / 4= hairless).	0	1	2	3	4
7.	My muscles are flabby.	0	1	2	3	4
8.	I have abundant, light-colored urine during the day.	0	1	2	3	4
9.	I have low blood pressure.	0	1	2	3	4
10.	I crave salty foods.	0	1	2	3	4

Add up your Overall Score _____: Overall total of 10 or less is satisfactory. Between 11-20 -- possible pregnenolone deficiency. 21 or more -- probable pregnenolone deficiency.

CORTISOL

	Signs & Symptoms	Never	Occasionally	Regularly	Very Often	Constantly
1.	My face looks thinner.	0	1	2	3	4
2.	My friends call me skinny.	0	1	2	3	4
3.	I have eczema, psoriasis, urticaria ("nettle rash"), skin allergies, or other rashes.	0	1	2	3	4
4.	My heart beats quickly.	0	1	2	3	4
5.	My blood pressure is low.	0	1	2	3	4
6.	I crave salt or sugar (to the extent of bingeing).	0	1	2	3	4
7.	I have digestive problems.	0	1	2	3	4
8.	I have allergies (hay fever, asthma, etc.).	0	1	2	3	4
9.	I'm stressed out.	0	1	2	3	4
10.	I'm easily confused.	0	1	2	3	4

Add up your Overall Score _____: Overall total of 10 or less is satisfactory. Between 11-20 -- possible cortisol deficiency. 21 or more -- probable cortisol deficiency.

TESTOSTERONE (for men and women)

	Signs & Symptoms	Never	Occasionally	Regularly	Very Often	Constantly
(MEN AND WOMEN)						
1.	My face has gotten slack and more wrinkled.	0	1	2	3	4
2.	I've lost muscle tone.	0	1	2	3	4
3.	My belly tends to get fat.	0	1	2	3	4
4.	I'm constantly tired.	0	1	2	3	4
5.	I feel like making love less than I used to.	0	1	2	3	4
(MEN ONLY)						
6.	My breasts are getting fatty.	0	1	2	3	4
7.	I feel less self-confident and more hesitant.	0	1	2	3	4
8.	My sexual performance is poorer than it used to be.	0	1	2	3	4
9.	I have hot flashes and sweats.	0	1	2	3	4
10.	I tire easily with physical activity.	0	1	2	3	4

Add up your Overall Score _____: For Women: *5 or less*: Satisfactory level. *Between 6 and 10*: Possible testosterone deficiency. *11 or more* -- probable testosterone deficiency. For Men: *10 or less*: Satisfactory level. *Between 11 and 20* - possible testosterone deficiency. *21 or more* -- probable testosterone deficiency.

MELATONIN

	Signs & Symptoms	Never	Occasionally	Regularly	Very Often	Constantly
1.	I look older than I am.	0	1	2	3	4
2.	I have trouble falling asleep in at night.	0	1	2	3	4
3.	I wake up during the night...	0	1	2	3	4
4.	And I can't get back to sleep.	0	1	2	3	4
5.	My mind is busy with anxious thoughts while I'm trying to fall asleep.	0	1	2	3	4
6.	My feet are too hot at night.	0	1	2	3	4
7.	When I get up, I don't feel rested.	0	1	2	3	4
8.	I feel like I'm living out of sync with the world, going to bed late and waking up late.	0	1	2	3	4
9.	I can't tolerate jet lag.	0	1	2	3	4
10.	I smoke, drink, and/or use a beta-blocker or a sleep aid.	0	1	2	3	4

Add up your Overall Score _____: Overall total of 10 or less is satisfactory. Between 11-20 -- possible melatonin deficiency. 21 or more -- probable melatonin deficiency.

ESTROGEN (for Women only)

	Signs & Symptoms	Never	Occasionally	Regularly	Very Often	Constantly
1.	I am losing 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, too short (<27 days), or too long (>31 days).	0	1	2	3	4
11.	Women without periods: I do not feel like making love anymore.	0	1	2	3	4

Add up your Overall Score _____: Overall total of 10 or less is satisfactory. Between 11-20 -- possible estrogen deficiency. 21 or more -- probable estrogen deficiency.

PROGESTERONE (for Women only)

	Signs & Symptoms	Never	Occasionally	Regularly	Very Often	Constantly
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.	And my lower belly is swollen...	0	1	2	3	4
7.	And I'm irritable and aggressive...	0	1	2	3	4
8.	And 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.

Part II – Circle the answers to the ailments and discuss them with Dr. Powell

ENERGY

- | | | |
|--|-----|----|
| 1. Do you have a hard time getting up in the morning? | YES | NO |
| 2. Do you always feel tired or 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 (men)? | YES | NO |
| 4. Have you lost your attraction toward your partner? | YES | NO |
| 5. Do you lack vaginal lubrication (women)? | YES | NO |

SLEEP

- | | | |
|-------------------------|-----|----|
| 1. Do you sleep poorly? | YES | NO |
| 2. Do you rarely dream? | 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. Do you have wrinkles on your face along the nose, smile lines, forehead creases? | YES | NO |
| 2. Do you have little wrinkles around the eyes and crow's 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 |
| 3. 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, and strength? | YES | NO |
| 5. Do you have bone loss of the spine, hips, hands, wrist, & feet? | YES | NO |

Thank you for your time in completing this questionnaire and we look forward to helping you feel better!