

Women's Wellness Center Hormone Health Questionnaire

Name _____ Age _____ Date _____

Peri-menopausal Symptoms

(Circle symptom level below)

0 — none 1 — mild 2 — moderate 3 — severe

Hot flashes	0	1	2	3
Night sweats	0	1	2	3
Sleep disturbance	0	1	2	3
Irritability or moodiness	0	1	2	3
Anxiety or nervousness	0	1	2	3
Depression or tearfulness	0	1	2	3
Foggy thinking	0	1	2	3
Forgetfulness	0	1	2	3
Fatigue	0	1	2	3
Headaches	0	1	2	3
Vaginal dryness or pain	0	1	2	3
Decrease in desire for sex	0	1	2	3
Bladder problems	0	1	2	3
Abdominal weight gain	0	1	2	3
Heavy periods	0	1	2	3
Irregular periods	0	1	2	3

Comments _____

Pre-menstrual Cyclic Symptoms

(Circle symptom level below)

0 — none 1 — mild 2 — moderate 3 — severe

Irritability/anger	0	1	2	3
Anxiety or nervousness	0	1	2	3
Depressed mood	0	1	2	3
Tearful/emotional	0	1	2	3
Lethargy or fatigue	0	1	2	3
Craving sweets / carbs	0	1	2	3
Craving salty foods	0	1	2	3
Memory problems	0	1	2	3
Difficulty concentrating	0	1	2	3
Weight gain/bloating	0	1	2	3
Breast tenderness	0	1	2	3
Swelling of face, hands, feet	0	1	2	3
Headaches	0	1	2	3
Constipation	0	1	2	3
Dizziness	0	1	2	3
Cramping	0	1	2	3

Comments _____

Sexual Dysfunction Symptoms

- I have no trouble with sexual desire.
- My level of sexual desire used to be fine, but it has become lower / absent over the past ___ mos / yrs.
- My level of desire has always been low, and it has become lower / absent over the past ___ mos / yrs.
- My partner and I have a good relationship.
- My partner and I have relationship problems.
- I do not have interest or enjoyment in sex because:
 - I'm unhappy with my appearance
 - I'm too anxious
 - I'm too tired
 - Sex feels like "a chore" to me
- I have no trouble with orgasm.
- It takes longer or more effort to reach orgasm.
- My orgasm is less intense than it used to be.
- I cannot reach orgasm -
 - I used to be able to. Never have.
- I have no pain with intercourse.
- I have pain with intercourse that is
 - Vaginal pain or burning
 - Deep pelvic pain

Low Thyroid Symptoms

(Circle symptom level below)

0 — none 1 — mild 2 — moderate 3 — severe

Fatigue	0	1	2	3
Difficulty concentrating	0	1	2	3
Foggy thinking	0	1	2	3
Mood swings	0	1	2	3
Depression	0	1	2	3
Hair loss	0	1	2	3
Brittle nails	0	1	2	3
Constipation	0	1	2	3
Heart Palpitations	0	1	2	3
Joint or muscle pains	0	1	2	3

Other comments _____

