

Menopause Type® Questionnaire

For choosing **Hormone Specific™ Formulations:**

EstroMend™

ProgestoMend™

TestoGain™

TestoQuench™ for Women

Name: _____

Date of Birth: _____

Date: _____

Address: _____

City: _____

State: _____ Zip: _____

Place an "X" after a question if the answer is "yes" to that question, or any question in that group. If the answer is "no" leave the space blank.

SECTION A

1. Are you having hot flashes or night sweats, or both? _____
2. Are you feeling more depressed? Are you more withdrawn or isolated? Do you feel periods of hopelessness? Do you feel apathetic? _____
3. Do you feel a loss of energy? Do you feel more fatigued? _____
4. Do you feel less receptive to sex? Do you feel less sensual? Do you feel that your sex drive is diminished? _____
5. Are you having increased vaginal pain, dryness or itching? _____
6. Are you having insomnia, difficulty falling to sleep or difficulty staying asleep? _____
7. Are you having trouble with your memory? Do you feel like you are having more trouble remembering names? Are you more forgetful? _____
8. Is your mood low, less upbeat, less positive or less outgoing? Are you having less "good moods" and times of joy? Do you find yourself caring less about things that used to matter to you? _____
9. Are you having trouble controlling your urine? Do you have to go more often? Do you spill urine when you cough or sneeze? _____
10. Do you feel as if your perception is weakening, that it takes you longer to notice things? Are you having trouble thinking of the right word when speaking or writing? Do you feel your mental skills are diminishing? _____

SECTION B

1. Are you having more aches and pain? Are you starting to get arthritis? _____
2. Are you having more spotting or break-through bleeding? Have you been told you have Dysfunctional Uterine Bleeding? _____
3. Do you seem to be getting more inflammations and swellings? _____
4. Are your allergies or asthma getting worse, or are you developing new allergies or asthma? _____
5. Do you feel like you are having more twitches and spasms? _____
6. Are you experiencing times of mental foginess, or trouble thinking clearly? _____
7. Are you having more mood swings? _____
8. Do you feel more fatigued? Are you more tired in the morning? _____
9. Are you more irritable? Do you have more nervous tension? _____
10. Are you experiencing more anxiety? Do you feel more anxious? _____

SECTION C

1. Do you feel less motivated in general? Do you feel less assertive? _____
2. Is your libido lessened? Are you having less sexual fantasies or less desire? Are you less likely to become sexually aroused? Are you less pleased with sex? _____
3. Are you feeling less composed and in control? _____
4. Are you less energetic? _____
5. Are you anemic, or think you are anemic? _____
6. Are you feeling more irritable? _____
7. Do you have less muscle strength? Do you feel weaker? _____
8. Are you having more trouble with mental skills requiring logic and problem solving? Are you having trouble focusing and maintaining your attention? _____
9. Is your memory weakening? Are you having more trouble remembering things and events? _____
10. Do you feel more depressed? Is your mood low, less confident? Are you feeling frightened or afraid? _____

SECTION D

1. Are you noticing more wrinkles around your mouth and eyes? Do you have poor skin tone on your arms legs or hands? Has the skin lost its firmness or fullness? _____
2. Do you feel more depressed? _____
3. Do you feel more fatigue in general? _____
4. Are you having more headaches? _____
5. Are you having more heart palpitations or flutters? * _____

* updated 04.14.2011

SECTION E

1. Do your breasts feel as if they are shrinking and sagging? _____
2. Are you experiencing more confusion? _____
3. Are you experiencing more morning fatigue? _____
4. Do you cry more easily, or more often? _____
5. Are your hands or feet colder? _____

SECTION F

1. Is your libido less than it used to be? _____
2. Is your pubic hair thinning? _____
3. Do you feel less motivation, less assertive, less confident? Have you lost your competitive edge? _____
4. Are you gaining more fat weight? Do you feel less lean? _____
5. Are you having more low back pain or hip pain? Do you feel more joint pain? Are you having more headaches? _____

SECTION G

1. Are you developing more facial Hair (hirsutism)? _____
2. Is your voice changing and becoming deeper or less feminine? _____
3. Are you having trouble tolerating sugars and carbohydrates? _____
4. Are you developing or having increased acne? _____
5. Do you feel more hostile, angry, agitated or aggressive? _____

Please list the name and the dose of any hormones you are taking, or have taken in the last three months.

Include any estrogen, progesterone, testosterone, DHEA, pregnenolone, or other hormone.

Height: _____ Weight: _____ Waist: _____ inches Hip: _____ inches Weight at 20 years old: _____

Interpretation of Menopause Type® Questionnaire

SECTION	Estrogen Deficiency	Progesterone Deficiency	Testosterone Deficiency	Androgen Excess
A =	A × 4 =			
B =		B × 5 =		
C =			C × 5 =	
D =	D × 4 =	D × 5 =	D × 5 =	
E =	E × 4 =	E × 5 =		
F =	F × 4 =		F × 5 =	
G =				G × 20 =
TOTALS:	E Score =	P Score =	T Score =	A Score =

The **Menopause Type® Questionnaire** is a quantitative questionnaire. It measures the amount (quantity) of symptoms in a specific cluster of symptoms. Quantitative questionnaires are valuable to determine how many systems of the body are being affected by a certain hormone imbalance.

When evaluating the answers, also ask about the intensity of symptoms, and the frequency of symptoms. Even if there are only a few symptoms, it may be appropriate to use a Hormone Specific Formulation if the few symptoms are severe and happen frequent.

E Score = _____ %. This is the percentage of symptoms associated with estrogen deficiency symptoms. If the percentage of symptoms are 50% or more, then consider **EstroMend™**. However, if the percentage of estrogen deficiency symptoms is less than 50%, and the intensity of the symptoms are severe enough to affect quality of life, then **EstroMend™** may still be considered.

P Score = _____ %. This is the percentage of symptoms associated with progesterone deficiency symptoms. If the percentage of symptoms are 50% or more, then consider **ProgestoMend™**. However, if the percentage of progesterone deficiency symptoms is less than 50%, and the intensity of the symptoms are severe enough to affect quality of life, then **ProgestoMend™** may be still considered.

T Score = _____ %. This is the percentage of symptoms associated with testosterone deficiency symptoms. If the percentage of symptoms are 50% or more, then consider **TestoGain™**. However, if the percentage of testosterone deficiency symptoms is less than 50%, and the intensity of the symptoms are severe enough to affect quality of life, then **TestoGain™** may be still considered.

A Score = _____ %. This is the percentage of symptoms associated with androgen excess symptoms. Androgen excess symptoms may be due to oversensitivity or excessive amounts of various androgens including testosterone, dihydrotestosterone and DHEA. If the percentage of androgen excess symptoms are 60% or more and the **T** score is 20% or less, then consider **TestoQuench™ for Women**. However, if the percentage of androgen excess symptoms is less than 60%, and the intensity of the symptoms are severe enough to affect quality of life, then **TestoQuench™ for Women** may be still considered.

Notes:

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