

**HORMONE QUESTIONNAIRE**

Name \_\_\_\_\_ Date \_\_\_\_\_

Describe the following (MEN AND WOMEN)	0 – no symptoms	1- slight	2- moderate	3- severe
Difficulty concentrating	0 1 2 3		Fatigue / loss of energy	0 1 2 3
Insomnia	0 1 2 3		Problems urinating	0 1 2 3
Depressed / unhappy	0 1 2 3		Decreased sexual drive	0 1 2 3
Inability to reach orgasm	0 1 2 3		Anxious	0 1 2 3
Headaches	0 1 2 3		Irritability	0 1 2 3
Difficulty remembering things	0 1 2 3		Moodiness / emotional swings	0 1 2 3
Sudden weight gain/loss	0 1 2 3			
<b>(Women Only)</b>				
Pain or symptoms during your period	0 1 2 3		Itchy skin	0 1 2 3
Pain during intercourse	0 1 2 3		Night sweats	0 1 2 3
Vaginal dryness	0 1 2 3		Hot flashes	0 1 2 3
Dry skin and hair	0 1 2 3		Bloating	0 1 2 3
Painful / swollen breasts	0 1 2 3		Frequent urinary tract infections	0 1 2 3
Incontinence (loss of urine)	0 1 2 3		Lack of sexual desire	0 1 2 3
Premenstrual syndrome (PMS)	0 1 2 3			
Describe PMS symptoms _____				
When was your last period? _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular _____				
<input type="checkbox"/> Recently changing _____ Last pap smear _____				
Indicate number of... pregnancies _____ vaginal births _____ C-section _____				
live births _____ miscarriages _____ abortions _____ ectopic pregnancies _____				

Are you sexually active? Yes No \_\_\_\_\_ heterosexual \_\_\_\_\_ homosexual \_\_\_\_\_ bisexual

Age of first sexual contact \_\_\_\_\_ Have you fathered any children? Yes No How many? \_\_\_\_\_

Do you initiate intercourse? Yes No Is intercourse satisfying? Yes No

Do you achieve orgasm? Yes No How often do you have intercourse? \_\_\_\_\_

How does your sex drive compare to 5 years ago? \_\_\_\_\_

Have you ever been tested for AIDS? Yes No results \_\_\_\_\_

List any other sexual dysfunctions \_\_\_\_\_

Have you been slapped, kicked, punched, shoved, or otherwise physically hurt by someone? YES NO

Have you been forced to have unwanted sexual activity? YES NO Within the past year? \_\_\_\_\_

Do you understand what Biologically Identical Hormone Replacement is? Yes No

If you desire to receive Bio-identical Hormone Replacement Therapy, what are your goals? \_\_\_\_\_

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