



Optimum Healthspan Institute “Live healthier & younger, longer”

Patient Name:	
Age:	

Notes: If using spreadsheet, enter 1 in correct column - it will auto calculate. If you are not, multiply by severity 1,2 or 3 and divide total by indicated number at top right corner of column to establish %.

Estrogen Sensitivity Questionnaire

Estrogen sensitivity	Symptoms	Severe X 3	Moderate X 2	Mild X 1	Total ÷9 for %
High estrogen sensitive (Predominant progesterone deficient)	Dense breasts/breast cysts				
	High colour/Rubenesque/healthy hair				
	Heavy periods/breast tenderness pre menses				
	Total	0	0	0	0%
Low estrogen sensitive (Predominant estrogen deficient)	Irregular menstruation with light or irregular periods				
	Droopy/non dense breasts				
	More athletic build/oily dull hair				
	Total	0	0	0	0%

