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**Optimum Healthspan Institute "Live healthier & younger, longer"**

<b>Patient Name:</b>	
<b>Age:</b>	

<b>Female Hormone Deficiency Questionnaire</b>		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 %.			
	Symptoms	Severe X 3	Moderate X 2	Mild X 1	Total ÷ 27 for %
Progesterone Deficiency	Nervous and agitated				
	Anxious				
	Weight gain				
	Poor sleep, insomnia				
	Swollen and reddish face				
	Increased abdominal fat				
	Bloating				
	Swollen feet and ankles				
	Loss of self-control				
	<b>Total</b>		0	0	0
Estrogen Deficiency	Losing hair on top of head				
	Thin vertical wrinkles above lips				
	Droopy Breasts				
	Hair on face				
	Eyes dry and easily irritated				
	Poor memory/Foggy thinking				
	Decreased concentration				
	Night sweats				
	Hot flashes				
	Constant tiredness				
	Vaginal dryness				
	Depressed				
	Low libido				
<b>Total</b>		0	0	0	0%
Testosterone Deficiency	Face has become slack/wrinkled				
	Bone Density loss				
	Anxiety				
	Loss of libido				
	Reduced muscle tone				
	Expanded waistline				
	Cellulite on thighs				
	Varicose veins				
	Constant tiredness/post exercise exhaustion				
	Hesitant, undecided loss of self confidence				
	Excessive emotions				
Loss of nipple/clitoral sensitivity					
<b>Total</b>		0	0	0	0%