

Hormone Questionnaire

Pt Name: _____ Date: _____ Age: _____

Thyroid

1. Do you smoke? Y N
2. Do you consume soy products more than once a week? Y N
3. Do you consume raw cruciferous vegetables more than once a week? Y N
(cabbage, broccoli, rutabaga, cauliflower, kale, Brussels sprouts, watercress, peanuts)
4. Do you drink cow's milk more than twice a week: Y N
5. Do you have strong carbohydrate and sugar cravings (bread, pasta, candy, cookies, ice cream, etc.)
6. Do you have metal fillings in your mouth: Y N
7. What is your stress level: 1 2 3 4 5 6 7 8 9 10
8. Are you taking thyroid medication? Name: _____
9. Please circle al that apply:

| | Never | Occ | Often | Always | |
|---|-------|-----|-------|--------|--------------------------|
| 0 | 1 | 2 | 3 | | Brittle Nails |
| 0 | 1 | 2 | 3 | | Cold Hands and Feet |
| 0 | 1 | 2 | 3 | | Cold Intolerance |
| 0 | 1 | 2 | 3 | | Constipation |
| 0 | 1 | 2 | 3 | | Depression |
| 0 | 1 | 2 | 3 | | Difficulty Swallowing |
| 0 | 1 | 2 | 3 | | Dry Skin |
| 0 | 1 | 2 | 3 | | Elevated Cholesterol |
| 0 | 1 | 2 | 3 | | Eyelid Swelling |
| 0 | 1 | 2 | 3 | | Fatigue |
| 0 | 1 | 2 | 3 | | Hair Loss |
| 0 | 1 | 2 | 3 | | Hoarseness |
| 0 | 1 | 2 | 3 | | Hypertension/Hypotension |
| 0 | 1 | 2 | 3 | | Inability to concentrate |
| 0 | 1 | 2 | 3 | | Infertility |
| 0 | 1 | 2 | 3 | | Irritability |
| 0 | 1 | 2 | 3 | | Menstrual Irregularities |
| 0 | 1 | 2 | 3 | | Muscle Cramps/ Weakness |
| 0 | 1 | 2 | 3 | | Poor Memory |
| 0 | 1 | 2 | 3 | | Slower Heartbeat |
| 0 | 1 | 2 | 3 | | Throat Pain |
| 0 | 1 | 2 | 3 | | Weight Gain |

Circle any medications that you are taking or have taken in the last twelve months?

Estrogen
Birth Control
Amiodarone
Lithium
Propylthiouracil
Methimazole
Dexamethasone
Propranolol.

TOTAL POINTS: _____

0-10 Slight Risk of Hypothyroidism

11-20 Increase Risk of Hypothyroidism

21+ High Likelihood of Hypothyroidism

Adrenal

SYMPTOM SCALE

- 0 = Never
- 1 = Occasionally (1-4x per month)
- 2 = Moderate in severity & frequency (1-3x per week)
- 3 = Intense in severity & frequency (> 3x per week)

TOTAL SCORE:

- Under 5:** slight or no adrenal fatigue
- 5-15:** mild adrenal fatigue
- 16-20:** moderate adrenal fatigue
- Above 20:** severe adrenal fatigue

Using chart above and pick the intensity for symptoms below.

1. ___ I get dizzy or see spots when standing up rapidly from a sitting or lying position.
2. ___ I feel as though I might faint or black out.
3. ___ I have chronic fatigue
4. ___ I have difficulty getting up in the morning despite adequate sleep.
5. ___ I have low energy before lunch or dinner.
6. ___ I usually feel better after 6:00 p.m.
7. ___ I often feel the best late at night because I get a 'second wind'.
8. ___ I have trouble getting to sleep
9. ___ I tend to wake early (approximately 3:00 to 5:00 a.m.) and have trouble getting back to sleep
10. ___ I need to rest after times of mental, physical, or emotional stress
11. ___ I feel more tired after exercise or physical exertion, either soon after or the next day
12. ___ I have chronic tenderness in my back near the bottom of my rib cage.
13. ___ I have a weak back and/or weak knees.
14. ___ I am allergic to many things, such as food, animals, and pollens.
15. ___ My allergies are getting worse.
16. ___ I tend to get headaches and a sore neck and shoulders
17. ___ I have low blood pressure. (0 No, 4 Yes)
18. ___ I become hungry, confused, or shaky if I miss a meal.
19. ___ I crave sugar, sweets, or desserts.
20. ___ I use stimulants, such as tea or coffee, to get started in the morning.
21. ___ I need caffeine (chocolate, tea, coffee, colas) to get me through the day.
22. ___ I often crave salt and / or foods high in salt, such as potato chips.
23. ___ I do not eat regular meals.
24. ___ I have taken steroid medications for a long term or at high doses.
25. ___ I have symptoms that improve after I eat.
26. ___ I have feelings of hopelessness and despair or have been diagnosed with depression.
27. ___ I lack motivation because I do not feel I have the energy to get things done.
28. ___ I have decreased tolerance towards other people and tend to get irritated by them.
29. ___ I get more than 2 colds or flus per year.
30. ___ I do not exercise regularly.
31. ___ I have a history of large amounts of stress in my life.
32. ___ I tend to be a perfectionist.
33. ___ I tend to avoid stressful situations for the sake of my health.
34. ___ I am less productive at work than I used to be.
35. ___ My ability to focus mentally is generally impaired.
36. ___ Stress causes me to become overly anxious.
37. ___ My sex drive is very low or non-existent.
38. ___ My relationships at work and / or home tend to be strained.
39. ___ My life contains insufficient time for fun and enjoyable activities.
40. ___ I have little control over my life and I feel 'stuck'.
41. ___ I tend to get addicted easily to drugs, alcohol, or food.

_____ **Total Score**