

Hormone Symptoms Score Test



ANWAN Regenerative Center, LLC
 2227 Idlewood Road, Suite 10 · Tucker, GA 30084
 (678) 822 -9555

Name: _____ Date: _____

The following score sheet will help you to determine whether hormones testing is needed and which tests to order. Each category is divided into hormone deficiency and excess, as each has a different subset of symptoms. Score the symptoms which apply as 0 (none), 1 (mild), 2 (moderate), or 3 (severe). A total score of 10 or higher in any one category (deficiency and excess combined) indicates an area that needs testing.

ESTROGENS (ESTRADIOL)	
<u>Deficiency</u>	<u>Excess</u>
<input type="checkbox"/> Hot Flashes	<input type="checkbox"/> Mood Swings
<input type="checkbox"/> Night Sweats	<input type="checkbox"/> Tender Breasts
<input type="checkbox"/> Vaginal Dryness	<input type="checkbox"/> Water Retention
<input type="checkbox"/> Foggy Thinking	<input type="checkbox"/> Nervous
<input type="checkbox"/> Memory Lapses	<input type="checkbox"/> Irritable
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Anxious
<input type="checkbox"/> Tearful	<input type="checkbox"/> Fibrocystic Breast
<input type="checkbox"/> Depressed	<input type="checkbox"/> Uterine Fibroids
<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Weight Gain in hips
<input type="checkbox"/> Heart Palpitation	<input type="checkbox"/> Bleeding Changes
TOTAL SCORE _____	

ANDROGENS (DHEA-S AND TESTOSTERONE)	
<u>Deficiency</u>	<u>Excess</u>
<input type="checkbox"/> Low Libido	<input type="checkbox"/> Excessive facial hair
<input type="checkbox"/> Vaginal Dryness	<input type="checkbox"/> Excessive body hair
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Increased Acne
<input type="checkbox"/> Aches/Pains	<input type="checkbox"/> Oily Skin
<input type="checkbox"/> Memory Lapses	<input type="checkbox"/> Ovarian Cysts
<input type="checkbox"/> Depressed	
<input type="checkbox"/> Sleep Disturbances	
<input type="checkbox"/> Incontinence	
<input type="checkbox"/> Bone Loss	
<input type="checkbox"/> Decreased Muscle Mass	
<input type="checkbox"/> Thinning Skin	
TOTAL SCORE _____	

PROGESTERONE	
<u>Deficiency</u>	<u>Excess</u>
<input type="checkbox"/> Hot Flashes	<input type="checkbox"/> Sleepiness
<input type="checkbox"/> Night Sweats	<input type="checkbox"/> Breasts Swelling
<input type="checkbox"/> Vaginal Dryness	<input type="checkbox"/> Tender Breasts
<input type="checkbox"/> Foggy Thinking	<input type="checkbox"/> Decreased Libido
<input type="checkbox"/> Memory Lapses	<input type="checkbox"/> Mild Depression
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Candida Infection
<input type="checkbox"/> Tearful	
<input type="checkbox"/> Depressed	
<input type="checkbox"/> Sleep Disturbances	
<input type="checkbox"/> Heart Palpitation	
<input type="checkbox"/> Bone Loss	
TOTAL SCORE _____	

CORTISOL	
<u>Deficiency</u>	<u>Excess</u>
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Sleep Disturbances
<input type="checkbox"/> Sugar Craving	<input type="checkbox"/> Bone Loss
<input type="checkbox"/> Allergies	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Chemical Sensitivity	<input type="checkbox"/> Weight Gain/Waist
<input type="checkbox"/> Stress	<input type="checkbox"/> Loss of Muscle Mass
<input type="checkbox"/> Cold Body Temp.	<input type="checkbox"/> Thinning Skin
<input type="checkbox"/> Heart Palpitations	
<input type="checkbox"/> Aches/Pains	
<input type="checkbox"/> Arthritis	
TOTAL SCORE _____	