

PROGESTERONE

	Signs & Symptoms	Never				Always
1.	My breasts are large.	0	1	2	3	4
2.	My close friends complain I'm nervous and agitated.	0	1	2	3	4
3.	I feel anxious.	0	1	2	3	4
4.	I sleep lightly and restlessly	0	1	2	3	4
	The following questions are for women who have not yet reached menopause, and menopausal women who are taking hormone replacement therapy (estrogen or estrogen and progesterone.).					
5.	My breasts are swollen and tender or painful before my period...	0	1	2	3	4
6.	And my lower belly is swollen...	0	1	2	3	4
7.	And I'm irritable and aggressive...	0	1	2	3	4
8.	And I lose my self-control.	0	1	2	3	4
9.	I have heavy periods...	0	1	2	3	4
10.	And they are continuously painful.	0	1	2	3	4

Add up your Overall Score _____: Post-menopausal women *not* treated with hormone replacement therapy (estrogen or estrogen and progesterone): *4 or less*: Satisfactory level. *Between 5 and 8*: Possible progesterone deficiency. *9 or more*: Probable progesterone deficiency. Menstrual women and menopausal women taking hormone replacement therapy (estrogen or estrogen and progesterone): *10 or less*: Satisfactory level. *Between 11 and 20*: Possible progesterone deficiency. *21 or more*: Probable progesterone deficiency.

TESTOSTERONE

	Signs & Symptoms	Never				Always
	(MEN AND WOMEN)					
1.	My face has gotten slack and more wrinkled.	0	1	2	3	4
2.	I've lost muscle tone.	0	1	2	3	4
3.	My belly tends to get fat.	0	1	2	3	4
4.	I'm constantly tired.	0	1	2	3	4
5.	I feel like making love less often than I used to.	0	1	2	3	4
	(MEN ONLY)					
6.	My breasts are getting fatty.	0	1	2	3	4
7.	I feel less self-confident and more hesitant.	0	1	2	3	4
8.	My sexual performance is poorer than it used to be.	0	1	2	3	4
9.	I have hot flashes and sweats.	0	1	2	3	4
10.	I tire easily with physical activity.	0	1	2	3	4

Add up your Overall Score _____: For Women: *5 or less*: Satisfactory level. *Between 6 and 10*: Possible testosterone deficiency. *11 or more*: Probable testosterone deficiency. Score For Men: *10 or less*: Satisfactory level. *Between 11 and 20*: Possible testosterone deficiency. *21 or more*: Probable testosterone deficiency.

GROWTH HORMONE

	Signs & Symptoms	Never				Always
1.	My hair is thinning.	0	1	2	3	4
2.	My cheeks sag.	0	1	2	3	4
3.	My gums are receding.	0	1	2	3	4
4.	My abdomen is flabby./ I've got a "spare tire".	0	1	2	3	4
5.	My muscles are slack.	0	1	2	3	4
6.	My skin is thin and/or dry.	0	1	2	3	4
7.	It's hard to recover after physical activity.	0	1	2	3	4
8.	I feel exhausted.	0	1	2	3	4
9.	I don't like the world. I tend to isolate myself.	0	1	2	3	4
10.	I feel continuously anxious and worried.	0	1	2	3	4

Add up your Overall Score _____: Overall total is 10 or less is satisfactory level. Between 11-20 Possible Growth Hormone deficiency. 21 or more probable Growth Hormone deficiency.

DHEA

	Signs & Symptoms	Never				Always
1.	My hair is dry.	0	1	2	3	4
2.	My skin and eyes are dry.	0	1	2	3	4
3.	My muscles are flabby.	0	1	2	3	4
4.	My belly is getting fat.	0	1	2	3	4
5.	I don't have much hair under my arm.	0	1	2	3	4
6.	I don't have much hair in the pubic area. (0=plenty of hair / 4=hairless).	0	1	2	3	4
7.	I don't have much fatty tissue in the pubic area (flat "mound of Venus" in women). (0=padded / 4=flat).	0	1	2	3	4
8.	My body doesn't have much of a special scent during sexual arousal.	0	1	2	3	4
9.	I can't tolerate noise.	0	1	2	3	4
10.	My libido is low.	0	1	2	3	4

Add up your Overall Score _____: Overall total is 10 or less is satisfactory level. Between 11-20 Possible DHEA deficiency. 21 or more probable DHEA deficiency.

THYROID

	Signs & Symptoms	Never				Always
1.	I'm sensitive to cold.	0	1	2	3	4
2.	My hands and feet are always cold.	0	1	2	3	4
3.	In the morning my face is puffy and my eyelids are swollen.	0	1	2	3	4
4.	I put on weight easily.	0	1	2	3	4
5.	I have dry skin.	0	1	2	3	4

6.	I have trouble getting up in the morning.	0	1	2	3	4
7.	I feel more tired at rest than when I am active.	0	1	2	3	4
8.	I am constipated.	0	1	2	3	4
9.	My joints are stiff in the morning.	0	1	2	3	4
10.	I feel like I'm living in slow motion.	0	1	2	3	4

Add up your Overall Score _____: Overall total is 10 or less is satisfactory level. Between 11-20 Possible Thyroid Hormone deficiency. 21 or more probable Thyroid Hormone deficiency.

Part II – Circle the answers to the ailments and discuss them with your physician.

ENERGY

- 1. Do you have a hard time getting up in the morning? YES NO
- 2. Do you always feel tired or tired in the afternoon? YES NO

SEX

- 1. Do you lack sexual desire? YES NO
- 2. Does your penis or clitoris seem less sensitive? YES NO
- 3. Are your erections not firm enough? YES NO
- 4. Have you lost your attraction toward your partner? YES NO
- 5. Do you lack vaginal lubrication? YES NO

SLEEP

- 1. Do you sleep poorly? YES NO
- 2. Do you rarely dream? YES NO

MEMORY

- 1. Do you suffer from short- or long-term memory loss? YES NO
- 2. Do you have trouble concentrating? YES NO

SKIN AND HAIR

- 1. Wrinkles on your face along the nose, smile lines, forehead creases? YES NO
- 2. Do you have little wrinkles around the eyes and crows feet? YES NO
- 3. Do you have age spots? YES NO
- 4. Do you have dry, thin skin? YES NO
- 5. Are you losing your hair or is it turning gray? YES NO

WEIGHT CONTROL

- 1. Is your abdomen too plump? Is it distended? YES NO
- 2. Women: Are your breast too large? Do they get larger before your period? YES NO
- 3. Are your buttocks and thighs too well padded? Are you pear shaped? YES NO

STRESS & MOOD

- 1. Do you suffer from constant fatigue? YES NO
- 2. Do you have high blood pressure? YES NO
- 3. Are you anxious, nervous, or irritable? YES NO
- 4. Do small things set you off? YES NO
- 3. Are you depressed? YES NO

JOINTS & BONES

- 1. Do you have arthritis? YES NO
- 2. Do you have osteoarthritis in the hip? YES NO
- 3. Do you have fibromyalgia (sharp shoulder pain)? YES NO
- 4. Have you lost muscle mass, tone, and strength? YES NO
- 5. Do you have bone loss of the spine, hips, hands, wrist, & feet? YES NO

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DO YOU HAVE A HORMONE DEFICIENCY?

Thierry Hertoghe M.D developed this self test to help you determine if your levels of hormones are below normal. This is designed to help you and your doctor select the correct treatment for you. Circle the score for each line then total the score at the bottom of each hormone. Bring this form to your doctor after you have filled it out. Read more about hormones in his book “Hormone Solutions” that we have made available to you. If you need a referral to a physician, please contact us.

ESTROGEN

	Signs & Symptoms	Never				Always
1.	I am losing hair on top of my head.	0	1	2	3	4
2.	I'm getting thin, vertical wrinkles above my lips.	0	1	2	3	4
3.	My breasts are droopy.	0	1	2	3	4
4.	My face is too hairy.	0	1	2	3	4
5.	My eyes are dry and easily irritated.	0	1	2	3	4
6.	I have hot flashes.	0	1	2	3	4
7.	I feel tired constantly.	0	1	2	3	4
8.	I am depressed.	0	1	2	3	4
9.	My menstrual flow is light. (0=moderate/ 1-3=low/ 4=none)	0	1	2	3	4
10.	Women with periods: My cycles are irregular, too short (<27 days), or too long (>31 days).	0	1	2	3	4
11.	Women without periods: I do not feel like making love anymore.	0	1	2	3	4

Add up your Overall Score _____: Overall total is 10 or less is satisfactory level. Between 11-20: Possible Estrogen deficiency. 21 or more: Probable Estrogen deficiency.