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FOOTHILLS
 INTEGRATED HEALTH SYSTEMS

HORMONE QUESTIONNAIRE

Estrogen

Symptom	Yes	No
Are you experiencing hot flashes?		
Do you feel exhausted on a daily basis?		
Do you suffer from headaches/migraines?		
Do you suffer from night sweats?		
Are you experiencing vaginal dryness?		
Have you noticed mild losses of bladder control?		
Are you noticing bouts of mild to severe depression?		
Have you had a history of urinary tract infections?		
Has there been an increase in forgetfulness?		
Are you having trouble concentrating?		
Have you noticed a decrease in your ability to explain things?		
Do you suffer from occasional bouts of rapid heartbeat?		
Are you more moody?		
Do you cry easily?		

Progesterone

Symptom	Yes	No
Are you noticing lumpiness in your breasts?		
Are you experiencing anxiety?		
Do you have a problem with bloating?		
Do you become easily stressed?		
Are you increasingly with age becoming moody?		
Are you experiencing breakthrough bleeding?		
Do you suffer from menstrual cramps or PMS?		
Do you suffer from low body temperature?		
Do you have or have a family history of endometriosis?		
Do you suffer from sleep disorders?		
Do you have heavy periods?		
Do you snore?		
Are you experiencing pain in multiple areas of your body?		
Have you had an increase in weight?		

Testosterone

Symptom	Yes	No
Has your sex drive decreased?		
Have you noticed increased belly fat?		
Have you noticed an increase in the size of your breasts?		
Are you developing cellulite?		
Have you had a decrease in self esteem?		
Do you feel like flopping onto the couch after work?		
Are your eyelids drooping?		
Have you noticed that your hair is thinning?		
Do you feel hypersensitive?		
Are you gaining weight?		
Are your muscles turning to flab?		
Do you have high triglycerides, high LDL, & low HDL?		
Do you suffer from ED or decrease in hardness?		
Do you have diminished physical performance?		

Thyroid

Symptom	Yes	No
Are you sensitive to cold?		
Do you suffer from cold hands and feet?		
When you wake, do you have a puffy face and swollen eyelids?		
Do you put weight on easily?		
Do you have dry skin?		
Do you have trouble getting up in the morning?		
Do you suffer from constipation?		
Do you wake with morning stiffness?		
Do you feel like you're walking through the mud?		
Do you have fibromyalgia?		
Are you forgetful?		
Are you nervous?		
Are your muscles cramping?		
Do you feel weak?		