

## Self-Test

**This is a self-test to help you determine if your hormone levels are below normal. This is designed to help you and your doctor select the correct treatment for you. Check the score for each line then total the score at the bottom of each hormone.**

**0 = Never    1 = Sometimes    2 = Regularly    3 = Often    4 = Constantly**

### **Estrogen**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. I'm 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. My periods are irregular (< 27 days or > 31 days)             | 0 | 1 | 2 | 3 | 4 |
| 11. Women without periods: I do not feel like sex anymore         | 0 | 1 | 2 | 3 | 4 |

*Add up your overall score: \_\_\_\_\_*

*10 or less = satisfactory level*

*11-20 = possible estrogen deficiency*

### **Progesterone**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 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 before my period | 0 | 1 | 2 | 3 | 4 |
| 6. And my 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 |

***Post-menopausal women not treated with BHRT***

Add up your overall score: \_\_\_\_\_

*4 or less = satisfactory level*

*5-8 = possible progesterone deficiency*

*9 or more = probably progesterone deficiency*

***Menstrual and Menopausal women taking BHRT***

Add up your overall score: \_\_\_\_\_

*10 or less = satisfactory level*

*11-20 = possible progesterone deficiency*

*21 or more = probably progesterone deficiency*

**Thyroid**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 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: \_\_\_\_\_

*10 or less = satisfactory level*

*11-20 = possible thyroid hormone deficiency*

*21 or more = probably thyroid hormone deficiency*

**Pregnenolone**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. I have memory loss  | 0 | 1 | 2 | 3 | 4 |
| 2. My joint hurt (fingers, wrists, elbows, ankles, knees)    | 0 | 1 | 2 | 3 | 4 |
| 3. I'm feeling a bit drained and it is hard to handle stress | 0 | 1 | 2 | 3 | 4 |
| 4. I don't see colors as bright as before                    | 0 | 1 | 2 | 3 | 4 |
| 5. I have lost interest/appreciation for art                 | 0 | 1 | 2 | 3 | 4 |

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 6. I don't have much hair under my arms or pubis area<br>(0 = plenty of hair, 4 = hairless) | 0 | 1 | 2 | 3 | 4 |
| 7. I feel more tired at rest than when I am active  | 0 | 1 | 2 | 3 | 4 |
| 8. I have abundant, light colored urine during the day                                      | 0 | 1 | 2 | 3 | 4 |
| 9. I have low blood pressure  | 0 | 1 | 2 | 3 | 4 |
| 10. I crave salty foods   | 0 | 1 | 2 | 3 | 4 |

Add up your overall score: \_\_\_\_\_

10 or less = *satisfactory level*

11-20 = *possible pregnenolone deficiency*

21 or more = *probably pregnenolone deficiency*

### Melatonin

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. I look older than I am                                | 0 | 1 | 2 | 3 | 4 |
| 2. I have trouble falling asleep at night                | 0 | 1 | 2 | 3 | 4 |
| 3. I wake up during the night                            | 0 | 1 | 2 | 3 | 4 |
| 4. And I can't get back to sleep                         | 0 | 1 | 2 | 3 | 4 |
| 5. I have anxious thoughts while trying to fall asleep   | 0 | 1 | 2 | 3 | 4 |
| 6. My feet are too hot at night                          | 0 | 1 | 2 | 3 | 4 |
| 7. When I get up, I don't feel rested                    | 0 | 1 | 2 | 3 | 4 |
| 8. I go to bed late and wake up late                     | 0 | 1 | 2 | 3 | 4 |
| 9. I can't tolerate jet lag                              | 0 | 1 | 2 | 3 | 4 |
| 10. I smoke, drink, and/or use beta/blocker or sleep aid | 0 | 1 | 2 | 3 | 4 |

Add up your overall score: \_\_\_\_\_

10 Or less = *satisfactory level*

11-20 = *possible melatonin deficiency*

21 or more = *probably melatonin deficiency*

### Testosterone

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. My faced 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 |

*The rest of the questions are for 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 |

**For women (questions 1-5)**

Add up your overall score: \_\_\_\_\_

5 or less = satisfactory level

6-10 = possibly testosterone deficiency

11 or more = probably progesterone deficiency

**For men (questions 1-10)**

Add up your overall score: \_\_\_\_\_

10 or less = satisfactory level

11-20 = possible testosterone deficiency

21 or more = probably progesterone deficiency

**DHEA**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 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 my pubic area<br>(1 = plenty of hair, 4 = hairless) | 0 | 1 | 2 | 3 | 4 |
| 7. I don't have much fatty tissue in the pubic area<br>(0 = padded, 4 = flat)    | 0 | 1 | 2 | 3 | 4 |
| 8. My body doesn't have much of a special scent during sex                       | 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: \_\_\_\_\_

10 or less = satisfactory level

11-20 = possible DHEA deficiency

21 or more = probably DHEA deficiency

**Cortisol**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. My face looks thinner                     | 0 | 1 | 2 | 3 | 4 |
| 2. My friends call me "skinny"               | 0 | 1 | 2 | 3 | 4 |
| 3. I have eczema, psoriasis, or other rashes | 0 | 1 | 2 | 3 | 4 |
| 4. My heart beats quickly                    | 0 | 1 | 2 | 3 | 4 |
| 5. My blood pressure is low                  | 0 | 1 | 2 | 3 | 4 |
| 6. I crave salt or sugar                     | 0 | 1 | 2 | 3 | 4 |

- |                              |   |   |   |   |   |
|------------------------------|---|---|---|---|---|
| 7. I have digestive problems | 0 | 1 | 2 | 3 | 4 |
| 8. I have allergies          | 0 | 1 | 2 | 3 | 4 |
| 9. I am stressed out         | 0 | 1 | 2 | 3 | 4 |
| 10. I am easily confused     | 0 | 1 | 2 | 3 | 4 |

*Add up your overall score: \_\_\_\_\_*  
*10 or less = satisfactory level*  
*11-20 = possible cortisol deficiency*  
*21 or more = probably cortisol deficiency*

Testing your hormones with a salivary test will determine how high or low your hormones actually are...

Call or email for an appointment.  
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