Meramour™
Body-Feedback for Health, LLC

Menopause Hormone Assessment

Name:
Today's Date:
Age:

0 = never
1 = sometimes
2 = most of the time
3 = all of the time

Please circle symptoms 0 - 3	0	1	2	3
Category One				
Feeling frustrated most of the time	0	1	2	3
Chronic headaches or migraines	0	1	2	3
High cholesterol	0	1	2	3
High ALT/AST liver enzymes on blood test	0	1	2	3
Adult acne	0	1	2	3
Hot flashes during the day	0	1	2	3
Metallic taste in mouth	0	1	2	3
Difficulty loosing weight	0	1	2	3
Poor response to hormone creams or pills	0	1	2	3
Category Two				
Wakes with hot flashes and night sweats	0	1	2	3
Thin lips or vertical wrinkles above upper lip	0	1	2	3
Vaginal dryness	0	1	2	3
Dry skin or dry eyes	0	1	2	3
Depression or mood disorders	0	1	2	3
Foggy thinking	0	1	2	3
Waking early	0	1	2	3
Osteoporosis or osteopenia	0	1	2	3
High blood pressure	0	1	2	3
Category Three				
Mood swings	0	1	2	3
History of clotty or heavy periods	0	1	2	3
Breast tenderness	0	1	2	3
Fibrocystic breasts	0	1	2	3
Uterine ablation or history of endometriosis	0	1	2	3
History of or current uterine fibroids	0	1	2	3
Water retention	0	1	2	3
Low thyroid function	0	1	2	3
Breast, ovarian, cervical or uterine cancer	0	1	2	3
Category Four				
Anxiety or mental restlessness	0	1	2	3
Headaches or migraines	0	1	2	3
Less fullness in breasts	0	1	2	3
Hot flashes or night sweats in evening	0	1	2	3
Depression or mood disorders	0	1	2	3
Neurological symptoms	0	1	2	3
Eye twitching	0	1	2	3
Problems falling asleep	0	1	2	3
Restless Sleep	0	1	2	3
Category Five				
Mood swings	0	1	2	3
Poor response to progesterone creams	0	1	2	3
Chronic yeast overgrowth	0	1	2	3
Low thyroid function	0	1	2	3
Weight gain around the middle	0	1	2	3
Severe insomnia	0	1	2	3
Increased appetite	0	1	2	3
Feeling tired or napping often	0	1	2	3
Osteoporosis or osteopenia	0	1	2	3
Category Six				
Depression or lack of motivation	0	1	2	3
Memory lapses	0	1	2	3
Sagging breast tissue	0	1	2	3
Vaginal or pelvic floor weakness	0	1	2	3
Low libido or sex drive	0	1	2	3
Low energy during the day	0	1	2	3
Muscle weakness	0	1	2	3
General aches and pains	0	1	2	3
Loss of muscle tone	0	1	2	3
Category Seven				
Emotional outbursts or feeling angry	0	1	2	3
Excessive facial hair	0	1	2	3
Acne or oily skin	0	1	2	3
Thinning hair on head or pubic area	0	1	2	3
Diabetes or insulin resistance	0	1	2	3
High blood pressure	0	1	2	3
History of ovarian cysts	0	1	2	3
High cholesterol	0	1	2	3
Early menopause	0	1	2	3

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