

HORMONAL LEVELS SELF TEST

Date _____

Full Name _____ No. _____

This self-test to help your doctor if your levels of hormones are below normal. Circle the score for each line then total the score at the bottom of each hormone.

PART 1

ESTROGEN

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
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 and 20: Possible Estrogen deficiency. 21 or more: Probable Estrogen deficiency.* TOTAL SCORE _____

PROGESTERONE

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
1.	My breasts are large.	0	1	2	3	4
2.	My close friends complain I'm nervous and irritated.	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*

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level. *Between 11 and 20:* Possible progesterone deficiency. *21 or more:* Probable progesterone deficiency. TOTAL SCORE _____

TESTOSTERONE

	Signs & Symptoms	Never	Sometime	Regularly	Often	Constantly
(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. TOTAL SCORE _____

GROWTH HORMONE

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
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 "beer belly"	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 and 20:* Possible Growth Hormone deficiency. *21 or more :* Probable Growth Hormone deficiency. TOTAL SCORE _____

DHEA

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
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	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

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10.	My libido is low.	0	1	2	3	4
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Add up your Overall Score: Overall total is 10 or less is satisfactory level. *Between 11 and 20*: Possible DHEA deficiency. *21 or more*: Probable DHEA deficiency. TOTAL SCORE _____

THYROID

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
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	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 and 20* Possible Thyroid Hormone deficiency. *21 or more*: Probable Thyroid Hormone deficiency. TOTAL SCORE _____

PREGNENOLONE

	Signs & Symptoms	Never	Sometim	Regularly	Often	Constantly
1.	I have memory loss.	0	1	2	3	4
2.	My joints hurt (fingers, wrists, elbows, feet, ankles, knees)	0	1	2	3	4
3.	I'm feeling a bit drained and I have a hard time handling stress	0	1	2	3	4
4.	I don't see colors as brightly as before.	0	1	2	3	4
5.	I have lost interest in art; I don't appreciate art as much anymore.	0	1	2	3	4
6.	I don't have much hair under my arms or in the pubic area. (0=plenty of hair / 4= hairless).	0	1	2	3	4
7.	My muscles are flabby.	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: Overall total is 10 or less is satisfactory level. *Between 11 and 20*: Possible Pregnenolone deficiency. *21 or more probable*: Pregnenolone deficiency. TOTAL SCORE _____

MELATONIN

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
1.	I look older than I am.	0	1	2	3	4
2.	I have trouble falling asleep in 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.	My mind is busy with anxious thoughts while I'm 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 feel like I'm living out of sync with the world, going to bed late and waking 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 a beta-blocker or a sleep aid.	0	1	2	3	4

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Add up your Overall Score: Overall total is 10 or less is satisfactory level. *Between 11 and 20* Possible Melatonin deficiency. *21 or more*: Probable Melatonin deficiency.

TOTAL SCORE _____

CORTISOL

	Signs & Symptoms	Never	Sometimes	Regularly	Often	Constantly
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	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 : Overall total is 10 or less is satisfactory level. *Between 11 and 20* is a possible Cortisol deficiency. *21 or more*: Probable Cortisol deficiency. TOTAL

SCORE _____

Part II

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From T. Hertoghe, 'Stay Younger Longer'

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. Do you have wrinkles on your face along the nose, smile lines, | 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 | YES | NO |
| 3. Are your buttocks and thighs too well padded? Are you pear | 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 |