



HILL PARK MEDICAL CENTER

Female Hormone Questionnaire

Name: _____ Date: _____

1. Current age: _____
2. Approximate date of last menstrual period: _____
3. Approximate date of last menstrual period at a time when your periods were regular: _____
4. Age of onset of menstruation (Menarche): _____
5. How long after Menarche did your periods become regular? _____
6. How many days did your menstrual flow last at that time? _____
7. What was the cycle length when periods became regular at that time? (number of days from the first day of menstrual flow of one cycle, to the first day of flow of the next) _____

Prior to the age of 18 or, your first pregnancy:

8. Did you have "PMS"? Yes No
9. Did you have difficult periods? Yes No
10. Did you have breast tenderness? Yes No
11. Did you have headaches? Yes No
12. Did you have irritability? Yes No
13. Did you have uterine cramps? Yes No
14. Did you have heavy flow? Yes No
15. Did you have bloating? Yes No
16. What birth control methods do you currently use?
 Diaphragm Condom Both
 IUD, if yes, # of years ____ Tubal ligation
17. Are you or were you ever on the birth control pill?
 Yes No
of years _____, or # of months _____.
18. How did you feel on it? Better Worse
19. Did you gain weight while on it? Yes No
20. Number of miscarriages _____, abortions _____?

21. Have you ever been pregnant or given birth? Yes No
22. Number of births? _____
23. What was your age at each birth? _____
24. How long did you breast feed each baby? _____
25. After the first three months, was pregnancy:
A very physically pleasant time for you? Yes No
A worse time for you than non-pregnant? Yes No
Did you have diabetes during the pregnancy? Yes No
Were you nauseous? Yes No For how long?
26. Have you had a reoccurrence or worsening of premenstrual symptoms after the age of 35: Yes No
 PMS Breast Tenderness
27. After the age of 35, before menopause:
Is there a time of the month that you feel best? Week: 1, 2, 3, 4
Is this the only time of the month you feel good? Yes No
28. What was your breast size when younger, or prior to your first pregnancy? Small Medium Large
If that has changed, what is your current breast size?
 Small Medium Large
29. Have you had any of the following:
 Breast cysts Breast biopsy Breast cancer
30. Have you ever had a breast mammogram? Yes No
If so, how many? ____ Any abnormal? ____
31. Have you had breast ultra sounds? Yes No
If so, how many? ____ Any abnormal? ____
32. Have you had breast thermograms? Yes No
If so, how many? ____ Any abnormal? ____
33. Do you have breast implants? Yes No
If so, when were they implanted? _____
34. What percentage of the day do you wear a bra? ____%
35. Have you had any of the following: Uterine fibroids
 D&C (# of, ____) Ovarian cysts Cesarean sections
 Laparoscopic surgeries endometriosis



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36. Have you had a hysterectomy? Yes No

If so, at what age? _____

37. Have you has an oophorectomy (removal of ovary(s))?

Yes No If so, when? 1 _____, 2 _____

38. When was your last pap smear? _____

Have you ever had an abnormal pap? Yes No

39. When was your last bone density test? _____

What were the results? _____

Hormonal Use

40. Do you use any of the following:

Premarin Provera Patch

Other hormones (please list)

41. Has any woman in your family had female cancer?

Yes No

If so, what type? Breast _____ Uterine _____ Ovarian _____

Who? _____

42. What is your current height? _____ Feet _____ Inches

43. Tallest height you ever were? _____ Feet _____ Inches

44. Weight at age 25? _____ lbs

45. Weight now? _____ lbs

46. In your life have you ever had more muscle and hair than other times? _____

more muscle than other times with little hair? _____

47. Symptoms of estrogen deficiency: Hot flashes

Warm rushes Temperature swings

Kicking off covers at night

Vaginal dryness

Racing mind at night

Trouble falling asleep

Mental foginess Depression

Headaches & Migranes Intestinal bloating

Diminished sexuality Weight gain Heart palpitations

Back and Joint pain

48. Symptoms of estrogen excess:

Breast tenderness (Especially central)

Breast swelling or enlarging

Water retention and swelling Pelvic cramps Nausea

Impatient & snappy with a clear mind

49. Symptoms of progesterone deficiency:

Difficulty sleeping

Anxiety & nervousness

Water retention No period infrequent periods

Shorter cycle Frequent & Heavy periods

Spotting before period PMS Cystic breasts

Painful breasts Endometiriosis Fibroids

50. Symptoms of testosterone deficiency:

Diminished sex drive

Flabbiness

Diminished energy and stamina

Diminished sense of security

Diminished coordination and balance

Indecisiveness

Diminished love of your body image

Hair loss

Diminished arm pit, pubic and body hair

Muscle weakness