

# Chloe Collins

Nutrition

## Hormone Questionnaire





## Hormone Questionnaire

NAME:

DOB:

DATE:

### Part 1

- ☐ Do you feel as if you are constantly racing from one task to the next?
- ☐ Are you feeling wired yet tired?
- ☐ Do you struggle calming down before bedtime, or have a second wind that keeps you up?
- ☐ Do you have difficulty falling asleep or a disrupted sleep?
- ☐ Do you have a feeling of anxiety or nervousness?
- ☐ Do you experience a quickness to feel anger or rage?
- ☐ Do you feel distracted or experience memory lapses?
- ☐ Do you have sugar cravings throughout the day?
- ☐ Have you had an increase in abdominal fat?
- ☐ Have you experienced skin conditions like eczema?
- ☐ Do you notice high blood pressure or experience a rapid heartbeat?
- ☐ Do you have high blood sugar, or have you experienced shakiness between meals?
- ☐ Have you experienced indigestion, ulcers or GERD (Gastroesophageal Reflux Disease)?
- ☐ Do you have more difficulty recovering from physical injury than in the past?
- ☐ Do you have unexplained pink to purple stretch marks on your back?
- ☐ Do you have irregular menstrual cycles?
- ☐ Have you experienced fertility challenges?

Total \_\_\_\_\_

## Hormone Questionnaire

### Part 2

- ☐ Do you experience fatigue or burnout? Drinking coffee often, or falling asleep easily?
- ☐ Do you experience loss of stamina, particularly in the afternoon from 2-5pm?
- ☐ Do you find yourself with a constant negative point of view?
- ☐ Do you begin crying for no particular reason?
- ☐ Do you find it increasingly difficult to solve problems?
- ☐ Do you feel stressed all of the time and have trouble coping with general stress?
- ☐ Do you have low blood pressure?
- ☐ If you stand up from lying down, do you feel dizzy?
- ☐ Do you have difficulty fighting infection, recovering from illness or healing wounds?
- ☐ Do you have asthma, bronchitis, chronic cough or allergies?
- ☐ Do you have low or unstable blood sugar?
- ☐ Do you have salt cravings?
- ☐ Do you experience excess sweating?
- ☐ Do you experience nausea, vomiting or diarrhoea?
- ☐ Do you experience muscle weakness, muscle or joint pain?
- ☐ Do you have hemorrhoids or varicose veins?
- ☐ Does your skin bruise easily?
- ☐ Have you had a thyroid problem? If so, have you experienced palpitations or a rapid/irregular heartbeat since?

Total \_\_\_\_\_



## Hormone Questionnaire

### Part 3

- ☐ Do you experience agitation or PMS?
- ☐ Do you experience cyclic headaches, particularly menstrual?
- ☐ Do you experience painful and/or swollen breasts?
- ☐ Do you experience irregular menstrual cycles, or cycles becoming more frequent?
- ☐ Do you experience bloating in the belly or fluid retention in the body before your period?
- ☐ Have you had ovarian cysts, breast cysts or endometrial cysts (polyps)?
- ☐ Do you have easily disrupted sleep?
- ☐ Do you experience restless legs, especially at night?
- ☐ Have you noticed increased clumsiness or poor coordination?
- ☐ Have you experienced infertility or sub fertility? (trying to conceive for 12+ months)?
- ☐ Have you experienced a miscarriage in the first trimester?

Total \_\_\_\_\_

Hormone Questionnaire

Part 4

- ☐ Do you experience bloating, puffiness or water retention?
- ☐ Have you had abnormal Pap smears?
- ☐ Have you experienced heavy bleeding or postmenopausal bleeding?
- ☐ Have you experienced rapid weight gain, particularly in the hips and bum?
- ☐ Have you had increased breast size or tenderness?
- ☐ Have you or do you have fibroids?
- ☐ Do you have Endometriosis or painful periods?
- ☐ Do you experience mood swings, PMS, depression or irritability?
- ☐ Do you get emotional, sometimes over the smallest things?
- ☐ Do you have mini breakdowns or regular anxiety?
- ☐ Do you experience migraines or other headaches?
- ☐ Do you experience insomnia?
- ☐ Do you experience brain fog?
- ☐ Do you experience a red flush on your face or do you have rosacea?
- ☐ Do you have gallbladder problems or removal?

Total \_\_\_\_\_

## Hormone Questionnaire

### Part 5

- ☐ Do you have poor memory?
- ☐ Do you have emotional fragility compared with how you used to feel 10-15 years ago?
- ☐ Do you experience depression with anxiety or lethargy?
- ☐ Have you noticed a significant increase in wrinkles?
- ☐ Do you experience night sweats or hot flashes?
- ☐ Do you have trouble sleeping?
- ☐ Do you have a leaky or overactive bladder?
- ☐ Do you experience bladder infections?
- ☐ Have you noticed sagging breasts, or breasts lessening in volume?
- ☐ Have you noticed sun damage become obvious on the chest, face or shoulders?
- ☐ Do you experience achy joints?
- ☐ Have you had recent joint injuries?
- ☐ Have you had a loss of interest in exercise?
- ☐ Have you experienced bone loss that you are aware of?
- ☐ Do you experience vaginal dryness or loss of feeling during sex?
- ☐ Do you experience dryness elsewhere- eyes, skin?
- ☐ Do you have a low libido?
- ☐ Do you have painful sex?

Total \_\_\_\_\_

## Hormone Questionnaire

### Part 6

- ☐ Do you have excess hair on your face, chest or arms?
- ☐ Do you have acne?
- ☐ Do you have greasy skin/ hair?
- ☐ Do you have thinning head hair?
- ☐ Have you noticed discolouration of your armpits, darker and thicker than normal skin?
- ☐ Have you noticed skin tags, especially on your neck and upper torso?
- ☐ Have you had hyperglycaemia or hypoglycaemia and/or unstable blood sugar?
- ☐ Are you reactive, irritable or aggressive?
- ☐ Do you have depression or anxiety?
- ☐ Do you have menstrual cycles occurring more than every 35 days?
- ☐ Do you have ovarian cysts?
- ☐ Do you have mid cycle pain?
- ☐ Have you experienced infertility or sub fertility?
- ☐ Have you been diagnosed with Polycystic Ovary Syndrome?

Total \_\_\_\_\_

## Hormone Questionnaire

### Part 7

- ☐ Have you experienced hair loss including eyebrows or eyelashes?
- ☐ Do you experience dry skin?
- ☐ Do you have dry, straw-like hair?
- ☐ Do you have thin, brittle fingernails?
- ☐ Do you have fluid retention or swollen ankles?
- ☐ Have you recently gained an additional 5-10kg's which you can't lose?
- ☐ Do you have high cholesterol?
- ☐ Do you have bowel movements less often than once per day?
- ☐ Do you have recurrent headaches?
- ☐ Do you have muscle or joint aches or poor muscle tone?
- ☐ Do you experience tingling in your hands or feet?
- ☐ Do you experience cold hands or feet, cold or heat intolerance?
- ☐ Do you notice lethargy or fatigue, particularly in the morning?
- ☐ Do you experience brain fog or difficulty concentrating?
- ☐ Do you have low sex drive?
- ☐ Do you have depression or moodiness?
- ☐ Do you have heavy periods or menstrual problems?
- ☐ Have you experienced infertility, miscarriage or preterm birth?
- ☐ Do you have a family history of thyroid problems?

Total \_\_\_\_\_





## Hormone Questionnaire

### Your Results

#### Part 1

##### **High Cortisol**

5+ points- likely to be high in Cortisol

3+ points- possibly high in Cortisol

Under 3 points- maybe high in Cortisol, consider testing Cortisol levels

#### Part 2

##### **Low Cortisol**

5+ points- likely to be low in Cortisol

3+ points- possibly low in Cortisol, consider testing Cortisol levels

#### Part 3

##### **Low Progesterone**

5+ points- likely to be high low in Progesterone

3+ points- possibly low in Progesterone

Under 3 points- maybe low in Progesterone, consider testing levels on day 21 of cycle

#### Part 4

##### **Excess Estrogen**

5+ points- likely to be high in Estrogen

3+ points- possibly high in Estrogen

Under 3 points- maybe excess Estrogen, consider testing Estrogen levels levels

#### Part 5

##### **Low Estrogen**

5+ points- likely to be low in Estrogen

3+ points- possibly low in Estrogen

#### Part 6

##### **Excess Androgens**

5+ points- likely to be high in Androgens

3+ points- possibly high in Androgens

Under 3 points- maybe excess Androgens, consider testing Androgenous hormone levels

#### Part 7

##### **Thyroid disruption**

5+ points- likely to have a thyroid problem

3+ points- You maybe have a thyroid problem



## Hormone Questionnaire What now?

If you suspect a hormonal imbalance based on the results of this questionnaire, I highly recommend seeking further education and support. You have options!

[Begin by booking your free phone consultation here](#)

### **Online Nutritional consultation packages**

I work with women in total health restoration packages to see results. I can achieve the best possible outcome for you by giving you my personalised utmost high end holistic support which your health demands progressively. Your health is a marathon, not a race. I know that you are 100% committed to the transformation, I want you to know that I am 100% committed in getting you there.

### **Reclaim Your Cycle**

Step into my clinic and learn how to reclaim a healthy and thriving menstrual cycle from the comfort of your own home, in your own time. Set the foundations of good health as a woman for the rest of your life through proper nutrition and lifestyle practices. Enveloping everything that I teach to my women in clinic with life-changing results. Delivered in 4 weekly modules, representing the 4 pillars essential to women's health: Knowledge, Fertility awareness, Nutrition and lifestyle.

### **The Women's Health Reset Ebook**

Let's have you feeling real good. Not just another fast detox and leave you on your way, a meal plan that will continue to support you well after your reset in coming into a balanced & intuitive way of eating- a way of eating that supports you as a woman. 70+ nourishing recipes that you will have with you for life.

### **Chloe's Clinic The Podcast**

Chloe's Clinic is a safe haven for women to speak about all things women's health. As a Women's Health Expert and Clinical Nutritionist, we're on a mission to dismantle myths and misconceptions and make the taboo mainstream, giving women an avenue to share, learn and connect through vulnerability. We'll be diving headfirst into vulnerable, real-life experiences. Taboo or not taboo, everything is on the table.

Find out more about all of the above at [www.chloecollins.com.au](http://www.chloecollins.com.au)