Menopause Type® Questionnaire

Place an "X" after a question if the answer is "yes" to that question, or any question in that group. If the answer is "no" leave the space blank.

SECTION A
1. Are you having hot flashes or night sweats, or both?
2. Are you feeling more depressed? Are you more withdrawn or isolated? Do you feel periods of hopelessness? Do you feel apathetic?
3. Do you feel a loss of energy? Do you feel more fatigued?
4. Do you feel less receptive to sex? Do you feel less sensual? Do you feel that your sex drive is diminished?
5. Are you having increased vaginal pain, dryness or itching?
6. Are you having insomnia, difficulty falling to sleep or difficulty staying asleep?
7. Are you having trouble with your memory? Do you feel like you are having more trouble remembering names? Are you more forgetful?
8. Is your mood low, less upbeat, less positive or less confidence? Are you feeling less composed and in control?
9. Are you having trouble controlling your urine? Do you have to go more often? Do you spill urine when you cough or sneeze?
10. Do you feel as if your perception is weakening, that it takes you longer to notice things? Are you having trouble thinking clearly? Are you having trouble focusing and maintaining your attention?

SECTION B
1. Are you having more aches and pain? Are you starting to get arthritis?
2. Are you having more spotting or break-through bleeding? Have you been told you have Dysfunctional Uterine Bleeding?
3. Do you seem to be getting more inflammations and swellings?
4. Are your allergies or asthma getting worse, or are you developing new allergies or asthma?
5. Do you feel like you are having more twitches and spasms?
6. Are you experiencing times of mental fogginess, or trouble thinking clearly?
7. Are you having more mood swings?
8. Do you feel more fatigued? Are you more tired in the morning?
9. Are you more irritable? Do you have more nervous tension?
10. Are you experiencing more anxiety? Do you feel more anxious?

Please list the name and the dose of any hormones you are taking, or have taken in the last three months.
Include any estrogen, progesterone, testosterone, DHEA, pregnenolone, or other hormone.

Height: _____ Weight: _____ Waist: _____ inches Hip: _____ inches Weight at 20 years old: _____

Interpretation of Menopause Type® Questionnaire

<table>
<thead>
<tr>
<th>SECTION</th>
<th>Estrogen Deficiency</th>
<th>Progesterone Deficiency</th>
<th>Testosterone Deficiency</th>
<th>Androgen Excess</th>
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<tbody>
<tr>
<td>A</td>
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<tr>
<td>B</td>
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<tr>
<td>TOTALS</td>
<td>E Score =</td>
<td>P Score =</td>
<td>T Score =</td>
<td>A Score =</td>
</tr>
</tbody>
</table>

The Menopause Type® Questionnaire is a quantitative questionnaire. It measures the amount (quantity) of symptoms in a specific cluster of symptoms. Quantitative questionnaires are valuable to determine how many systems of the body are being affected by a certain hormone imbalance.

When evaluating the answers, also ask about the intensity of symptoms, and the frequency of symptoms. Even if there are only a few symptoms, it may be appropriate to use a Hormone Specific Formulation if the few symptoms are severe and happen frequent.

E Score = _______ %. This is the percentage of symptoms associated with estrogen deficiency symptoms. If the percentage of symptoms are 50% or more, then consider EstroMend™. However, if the percentage of estrogen deficiency symptoms is less than 50%, and the intensity of the symptoms are severe enough to affect quality of life, then EstroMend™ may still be considered.

P Score = _______ %. This is the percentage of symptoms associated with progesterone deficiency symptoms. If the percentage of symptoms are 50% or more, then consider ProgestoMend™. However, if the percentage of progesterone deficiency symptoms is less than 50%, and the intensity of the symptoms are severe enough to affect quality of life, then ProgestoMend™ may still be considered.

T Score = _______ %. This is the percentage of symptoms associated with testosterone deficiency symptoms. If the percentage of symptoms are 50% or more, then consider TestoGain™. However, if the percentage of testosterone deficiency symptoms is less than 50%, and the intensity of the symptoms are severe enough to affect quality of life, then TestoGain™ may still be considered.

A Score = _______ %. This is the percentage of symptoms associated with androgen excess symptoms. Androgen excess symptoms may be due to oversensitivity or excessive amounts of various androgens including testosterone, dihydrotestosterone and DHEA. If the percentage of androgen excess symptoms are 60% or more and the T score is 20% or less, then consider TestoQuench™ for Women. However, if the percentage of androgen excess symptoms is less than 60%, and the intensity of the symptoms are severe enough to affect quality of life, then TestoQuench™ for Women may be still considered.

Notes:

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Permissions: Healthcare professionals and patients can use this form to keep additional notes and track changes in symptoms. Permissions are granted to researchers to use this questionnaire and clinical form as well (please notify us of your research). The questionnaire and clinical form may be printed and distributed only in its entirety, with no modifications. On-line posting on any website or electronic recovery system is forbidden. Updated versions will be posted at www.YourHormones.com/questionnaires/