

Women experiencing perimenopause, menopause and postmenopause can have symptoms of different hormonal imbalances even if their hormone levels are adequate. This may be due to a change in how the cells of the body “listen” to hormones. In most cases this results in some degree of hormone resistance. It is similar to the insulin resistance we see in some people. The goal is to improve how the body responds to hormones.

EstroMend™ improves the body's response to estrogens. **ProgestoMend™** improves the body's response to progesterone. **TestoGain™** improves the body's response to testosterone. If there is an excess of testosterone and other androgens, then **TestoQuench™ for Women** balances that excess.

Use the numbers from the Menopause Type® Questionnaire to choose which formulations are right for you. Depending upon your Menopause Type® you may need one, two or three formulas. Write the numbers in the space below:

E	P	T	A		
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Choose **EstroMend™** if: **E** is 50 or more.

Choose **ProgestoMend™** if: **P** is 50 or more.

Choose **TestoGain™** if: **T** is 50 or more.

Choose **TestoQuench™ for Women** if: **A** is 60 or higher, **AND T** score is 20 or less

The questionnaire can be taken again after using **EstroMend™** &/or **ProgestoMend™** for two months or longer.

Based on which formulations you need, you can discover your Menopause Type® by using the chart of the back of this brochure.

Consult with your healthcare professional for further assistance.

Permissions:

This questionnaire may be accessed online at: www.YourHormones.com/Questionnaires/ Please hyperlink to that URL. Do not host on other website or server. This file/document may only be printed in its entirety as a two sided document.

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The Menopause Type® Questionnaire is in the book Discover Your Menopause Type by Joseph J. Collins, RN, ND. © 1995-2016 Joseph J. Collins & Your Hormones Inc. EstroMend™, ProgestoMend™, TestoGain™ and TestoQuench™ for Women are trademarks. Used by permission. Menopause Type® is a federally registered trademark.

Menopause Types®	Normal Testosterone	Low Testosterone	High Testosterone
Adequate Estrogen & Adequate Progesterone	Type 1	Type 2 TestoGain™	Type 3 TestoQuench™ for Women
Deficient Estrogen & Adequate Progesterone	Type 4 EstroMend™	Type 5 EstroMend™ TestoGain™	Type 6 EstroMend™ TestoQuench™ for Women
Adequate Estrogen & Deficient Progesterone	Type 7 ProgestoMend™	Type 8 ProgestoMend™ TestoGain™	Type 9 ProgestoMend™ TestoQuench™ for Women
Deficient Estrogen & Deficient Progesterone	Type 10 EstroMend™ ProgestoMend™	Type 11 EstroMend™ ProgestoMend™ TestoGain™	Type 12 EstroMend™ ProgestoMend™ TestoQuench™ for Women

Statements not evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent disease.



Are you experiencing...

- ◆ *Hot Flashes*
- ◆ *Night Sweats*
- ◆ *Insomnia*
- ◆ *Mood Swings*
- ◆ *Anxiety or Irritability*
- ◆ *Fatigue*
- ◆ *Decreased Libido*
- ◆ *Difficulty Concentrating*
- ◆ *Weight Gain*
- ◆ *Depression*
- ◆ *Sugar Intolerance*
- ◆ *Headaches*
- ◆ *New Allergies*
- ◆ *And much more...*

Complete this questionnaire to learn your Menopause Type®.



Name: _____ Date: _____

Place an "X" in front of the question if the answer is "yes" to any part of that question, other wise leave blank.

SECTION A

- Are you having hot flashes or night sweats, or both? _____
- Are you feeling more depressed? Are you more withdrawn or isolated? Do you feel periods of hopelessness? Do you feel apathetic? _____
- Do you feel a loss of energy? Do you feel more fatigued? _____
- Do you feel less receptive to sex? Do you feel less sensual? Do you feel that your sex drive is diminished? _____
- Are you having increased vaginal pain, dryness or itching? _____
- Are you having insomnia, difficulty falling to sleep or difficulty staying asleep? _____
- Are you having trouble with your memory? Do you feel like you are having more trouble remembering names? Are you more forgetful? _____
- Is your mood low, less upbeat, less positive or less outgoing? Are you having less "good moods" and times of joy? Do you find yourself caring less about things that used to matter to you? _____
- Are you having trouble controlling your urine? Do you have to go more often? Do you spill urine when you cough or sneeze? _____
- Do you feel as if your perception is weakening, that it takes you longer to notice things? Are you having trouble thinking of the right word when speaking or writing? Do you feel your mental skills are diminishing? _____

SECTION B

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

SECTION C

- Do you feel less motivated in general? Do you feel less assertive? _____
- Is your libido lessened? Are you having less sexual fantasies or less desire? Are you less likely to become sexually aroused? Are you less pleased with sex? _____
- Are you feeling less composed and in control? _____
- Are you less energetic? _____
- Are you anemic, or think you are anemic? _____
- Are you feeling more irritable? _____
- Do you have less muscle strength? Do you feel weaker? _____
- Are you having more trouble with mental skills requiring logic and problem solving? Are you having trouble focusing and maintaining your attention? _____
- Is your memory weakening? Are you having more trouble remembering things and events? _____
- Do you feel more depressed? Is your mood low, less confident? Are you feeling frightened or afraid? _____

SECTION D

- Are you noticing more wrinkles around your mouth and eyes? Do you have poor skin tone on your arms legs or hands? Has the skin lost its firmness or fullness? _____
- Do you feel more depressed? _____
- Do you feel more fatigue in general? _____
- Are you having more headaches? _____
- Are you having more heart palpitations or flutters? * _____

SECTION E

- Do your breasts feel as if they are shrinking and sagging? _____
- Are you experiencing more confusion? _____
- Are you experiencing more morning fatigue? _____
- Do you cry more easily, or more often? _____
- Are your hands or feet colder? _____

SECTION F

- Is your libido less than it used to be? _____
- Is your pubic hair thinning? _____
- Do you feel less motivation, less assertive less confident? Have you lost your competitive edge? _____
- Are you gaining more fat weight? Do you feel less lean? _____
- Are you having more low back pain or hip pain? Do you feel more joint pain? Are you having more headaches? _____

SECTION G

- Are you developing more facial Hair (hirsutism)? _____
- Is your voice changing and becoming deeper or less feminine? _____
- Are you having trouble tolerating sugars and carbohydrates? _____
- Are you developing or having increased acne? _____
- Do you feel more hostile, angry, agitated or aggressive? _____

Place totals from each sections in the "SECTION TOTALS" column below. Multiply totals as indicated in each of the columns. Then, add the numbers in each column and write in "Totals" in the total row.

Section Totals	Estrogen Deficiency	Progesterone Deficiency	Testosterone Deficiency	Androgen Excess
A=	A X 4 =			
B=		B X 5 =		
C=			C X 5 =	
D=	D X 4 =	D X 5 =		
E=	E X 4 =	E X 5 =		
F=	F X 4 =	F X 5 =		
G=				G X 20 =
TOTALS: E=	E=	P=	T=	A=

Transfer the numbers from "E", "P", "T", & "A" to the boxes on the inside flap of this brochure.