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:

<table>
<thead>
<tr>
<th>E</th>
<th>P</th>
<th>T</th>
<th>A</th>
</tr>
</thead>
</table>

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/](http://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.

Updated versions will be posted online.

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**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®.

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**ESTROGENDS**
Restoring Passion, Power & Productivity™
Menopause Type® Questionnaire

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

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 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? [ ]
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 less motivated in general? Do you feel less assertive? [ ]

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 foginess, 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? [ ]

SECTION C

1. Do you feel less motivated in general? Do you feel less assertive? [ ]
2. 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? [ ]
3. Are you feeling less composed and in control? [ ]
4. Do you feel a loss of energy? Do you feel more fatigued? [ ]
5. Do you feel less receptive to sex? Do you feel less sensual? Do you feel that your sex drive is diminished? [ ]
6. Are you having less sexual arousal? Are you less pleased with sex? [ ]
7. Are you feeling less composed and in control? [ ]
8. Do you feel apathetic? [ ]

SECTION D

1. 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? [ ]
2. Do you feel more depressed? [ ]
3. Do you feel more fatigue in general? [ ]
4. Are you having more headaches? [ ]
5. Are you having more heart palpitations or flutters? [ ]

SECTION E

1. Do your breasts feel as if they are shrinking and sagging? [ ]
2. Are you experiencing more confusion? [ ]
3. Are you experiencing more morning fatigue? [ ]
4. Do you cry more easily, or more often? [ ]
5. Are your hands or feet colder? [ ]
6. Are you having more low back pain or hip pain? Do you feel more joint pain? Are you having more headaches? [ ]
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? [ ]

SECTION G

1. Is your libido less than it used to be? [ ]
2. Is your pubic hair thinning? [ ]
3. Are you experiencing more menopause fatigue? [ ]
4. Do you cry more easily, or more often? [ ]
5. Are you experiencing times of mental fogginess, or trouble thinking clearly? [ ]
6. Are you having more joint pain? Are you having more headaches? [ ]
7. Are you developing more facial hair (hirsutism)? [ ]
8. Is your voice changing and becoming deeper or less feminine? [ ]
9. Are you developing or having increased acne? [ ]
10. Are you experiencing more anxiety? Do you feel more anxious? [ ]

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.

<table>
<thead>
<tr>
<th>Section Totals</th>
<th>Estrogen Deficiency</th>
<th>Progesterone Deficiency</th>
<th>Testosterone Deficiency</th>
<th>Androgen Excess</th>
</tr>
</thead>
<tbody>
<tr>
<td>A=</td>
<td>A X 4 =</td>
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<td></td>
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</tr>
<tr>
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</tbody>
</table>

TOTALS: E=         P= | T= | A= |

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

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* Updated 04.14.11.11