

Hormone Symptom Questionnaire

This questionnaire has been developed by Newson Research to assess your symptoms and also how they change with treatment or treatments. Please indicate the extent to which you are experiencing any of these symptoms by selecting the numbered circle:

Symptoms affecting your mind and cognition:

1. Difficulty in concentrating

1

Not at all

2

A little

3

Quite a bit

4

Extremely

2. Memory problems

1

Not at all

2

A little

3

Quite a bit

4

Extremely

3. Word-finding difficulty

1

Not at all

2

A little

3

Quite a bit

4

Extremely

4. Reduced ability to multitask

1

Not at all

2

A little

3

Quite a bit

4

Extremely

Symptoms affecting your mood and sense of self:

1. Mood swings

1

Not at all

2

A little

3

Quite a bit

4

Extremely

2. Irritability

1

Not at all

2

A little

3

Quite a bit

4

Extremely

3. Feeling anxious

1

Not at all

2

A little

3

Quite a bit

4

Extremely

4. Panic attacks

1

Not at all

2

A little

3

Quite a bit

4

Extremely

5. Feeling tense / nervous

1

Not at all

2

A little

3

Quite a bit

4

Extremely

6. Crying spells

1

Not at all

2

A little

3

Quite a bit

4

Extremely

7. Feeling unhappy or depressed

1

Not at all

2

A little

3

Quite a bit

4

Extremely

8. Flat mood

1

Not at all

2

A little

3

Quite a bit

4

Extremely

9. Low motivation

1

Not at all

2

A little

3

Quite a bit

4

Extremely

10. Low self-worth

1

Not at all

2

A little

3

Quite a bit

4

Extremely

11. Feeling hopeless

1

Not at all

2

A little

3

Quite a bit

4

Extremely

12. Feeling bad about yourself

1

Not at all

2

A little

3

Quite a bit

4

Extremely

13. Not feeling yourself / not recognising yourself

1

Not at all

2

A little

3

Quite a bit

4

Extremely

14. Loss of interest in most things

1

Not at all

2

A little

3

Quite a bit

4

Extremely

15. Thoughts of self-harm including suicidal thoughts

1

Not at all

2

A little

3

Quite a bit

4

Extremely

16. Unhealthy food-related thoughts or behaviours (for example, over-or under-eating, excessively tracking calories or weight)

1

Not at all

2

A little

3

Quite a bit

4

Extremely

17. Addictive thoughts/behaviour (for example, alcohol, smoking, recreational drugs or gambling)

1

Not at all

2

A little

3

Quite a bit

4

Extremely

Symptoms affecting your nervous system:

1. Fatigue / low energy

1

Not at all

2

A little

3

Quite a bit

4

Extremely

2. Difficulty sleeping

1

Not at all

2

A little

3

Quite a bit

4

Extremely

3. Loss of interest in sex

1

Not at all

2

A little

3

Quite a bit

4

Extremely

4. Headaches

1

Not at all

2

A little

3

Quite a bit

4

Extremely

5. Migraines

1

Not at all

2

A little

3

Quite a bit

4

Extremely

6. Tinnitus (buzzing or ringing in the ears)

1

Not at all

2

A little

3

Quite a bit

4

Extremely

7. Pins or needles in any part of the body

1

Not at all

2

A little

3

Quite a bit

4

Extremely

8. Hot flushes

1

Not at all

2

A little

3

Quite a bit

4

Extremely

9. Night sweats

1

Not at all

2

A little

3

Quite a bit

4

Extremely

10. Formication (sensation of insects crawling over the skin)

1

Not at all

2

A little

3

Quite a bit

4

Extremely

11. Feeling dizzy or faint

1

Not at all

2

A little

3

Quite a bit

4

Extremely

12. Internal tremors

1

Not at all

2

A little

3

Quite a bit

4

Extremely

13. Restless legs

1

Not at all

2

A little

3

Quite a bit

4

Extremely

Symptoms affecting your skin and hair:

1. Dry skin

1

Not at all

2

A little

3

Quite a bit

4

Extremely

2. Itchy skin

1

Not at all

2

A little

3

Quite a bit

4

Extremely

3. Dry hair

1

Not at all

2

A little

3

Quite a bit

4

Extremely

4. Hair loss

1

Not at all

2

A little

3

Quite a bit

4

Extremely

5. Brittle nails

1

Not at all

2

A little

3

Quite a bit

4

Extremely

Symptoms affecting your digestive system:

1. Weight gain

1

Not at all

2

A little

3

Quite a bit

4

Extremely

2. Bloating

1

Not at all

2

A little

3

Quite a bit

4

Extremely

3. Constipation

1

Not at all

2

A little

3

Quite a bit

4

Extremely

4. Wind/flatulence

1

Not at all

2

A little

3

Quite a bit

4

Extremely

5. Abdominal pain

1

Not at all

2

A little

3

Quite a bit

4

Extremely

6. Heartburn

1

Not at all

2

A little

3

Quite a bit

4

Extremely

7. Diarrhoea

1

Not at all

2

A little

3

Quite a bit

4

Extremely

Symptoms affecting your menstrual cycle or genitourinary system:

1. Heavier periods than before

0

Not applicable

1

Not at all

2

A little

3

Quite a bit

4

Extremely

2. Lighter periods than before

0

Not applicable

1

Not at all

2

A little

3

Quite a bit

4

Extremely

3. Longer periods than before

0

Not applicable

1

Not at all

2

A little

3

Quite a bit

4

Extremely

4. Shorter periods than before

0

Not applicable

1

Not at all

2

A little

3

Quite a bit

4

Extremely

5. Longer cycle length than before (periods further apart)

0

Not applicable

1

Not at all

2

A little

3

Quite a bit

4

Extremely

6. Shorter cycle length than before (periods closer together)

0

Not applicable

1

Not at all

2

A little

3

Quite a bit

4

Extremely

7. Erratic/irregular periods (cycle length varying more than 3 days each month)

0

Not applicable

1

Not at all

2

A little

3

Quite a bit

4

Extremely

8. Vaginal dryness or pain

1

Not at all

2

A little

3

Quite a bit

4

Extremely

9. Itching of skin around the vulva

1

Not at all

2

A little

3

Quite a bit

4

Extremely

10. Painful sex

1

Not at all

2

A little

3

Quite a bit

4

Extremely

11. Frequent urination

1

Not at all

2

A little

3

Quite a bit

4

Extremely

12. Urinary incontinence

1

Not at all

2

A little

3

Quite a bit

4

Extremely

13. Nocturia (increased need to pass urine at night)

1

Not at all

2

A little

3

Quite a bit

4

Extremely

14. Urinary tract infections

1

Not at all

2

A little

3

Quite a bit

4

Extremely

15. Pain passing urine

1

Not at all

2

A little

3

Quite a bit

4

Extremely

Symptoms affecting your musculoskeletal system:

1. Joint pains

1

Not at all

2

A little

3

Quite a bit

4

Extremely

2. Muscle pains

1

Not at all

2

A little

3

Quite a bit

4

Extremely

3. Joint / muscle stiffness

1

Not at all

2

A little

3

Quite a bit

4

Extremely

4. Frozen shoulder

1

Not at all

2

A little

3

Quite a bit

4

Extremely

5. Foot pain

1

Not at all

2

A little

3

Quite a bit

4

Extremely

Other symptoms:

1. Breast pain/sensitivity

1

Not at all

2

A little

3

Quite a bit

4

Extremely

2. Palpitations (heart beating quickly or strongly)

1

Not at all

2

A little

3

Quite a bit

4

Extremely

3. Difficulty breathing

1

Not at all

2

A little

3

Quite a bit

4

Extremely

4. Chest pain

1

Not at all

2

A little

3

Quite a bit

4

Extremely

5. New / worsening hay fever

1

Not at all

2

A little

3

Quite a bit

4

Extremely

6. New / worsening food intolerances

1

Not at all

2

A little

3

Quite a bit

4

Extremely

7. Reduced alcohol tolerance

1

Not at all

2

A little

3

Quite a bit

4

Extremely

8. Dry eyes

1

Not at all

2

A little

3

Quite a bit

4

Extremely

9. Dry mouth

1

Not at all

2

A little

3

Quite a bit

4

Extremely

10. Burning mouth

1

Not at all

2

A little

3

Quite a bit

4

Extremely

11. Altered sense of smell

1

Not at all

2

A little

3

Quite a bit

4

Extremely

12. Worsening of a long-term or pre-existing mental health condition (for example, depression, anxiety, eating disorder, addiction, ADHD, OCD, etc)

0

Not applicable

1

Not at all

2

A little

3

Quite a bit

4

Extremely

13. Worsening of a long-term or pre-existing physical health condition (for example, asthma, migraine, epilepsy, autoimmune condition, etc.)



Impact on your quality of life

1. Impact on your ability to work



2. Impact on your relationship with your spouse/partner



3. Impact on your relationship with other family relatives (for example, children, parents)



4. Impact on your social life



5. Impact on your ability to remain active and/or exercise



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