

HORMONE INTELLIGENCE

HORMONE BLUEPRINT QUESTIONNAIRE

Use this self-assessment to help you connect the dots and to track improvement as you go through the plan and beyond. Scoring >4 points in any of the 8 patterns suggests that you have some measure of the associated imbalance. Scoring >8 points in any section suggests a more significant imbalance. It's common—in fact likely—to have more than one imbalance. The Hormone Intelligence Plan is all about addressing these symptoms and imbalances!

Check all boxes that relate to you in each section.

Pattern 1: High Estrogen

- | | |
|--|--|
| <input type="checkbox"/> Heavy periods | <input type="checkbox"/> Endometriosis |
| <input type="checkbox"/> Painful periods | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Short menstrual cycles (<21 days) | <input type="checkbox"/> Gallbladder problems |
| <input type="checkbox"/> Bloating, fluid retention | <input type="checkbox"/> History of using estrogen-containing birth control or medication (in the last three months) |
| <input type="checkbox"/> Breast tenderness, cysts | <input type="checkbox"/> A pear-shaped body |
| <input type="checkbox"/> Mood swings | YOUR SCORE_____ |
| <input type="checkbox"/> Menstrual migraines | |
| <input type="checkbox"/> Uterine fibroids | |

Pattern 2: Low Estrogen

- | | |
|--|--|
| <input type="checkbox"/> Irregular or absent periods | <input type="checkbox"/> Brain fog, memory problems, poor focus |
| <input type="checkbox"/> Trouble falling asleep, waking in the middle of the night | <input type="checkbox"/> Long menstrual cycles or scant periods |
| <input type="checkbox"/> Anxiety, depression | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Hot flashes, night sweats | <input type="checkbox"/> Joint aches or pains |
| <input type="checkbox"/> Vaginal dryness | <input type="checkbox"/> Loss of bone density (osteopenia, osteoporosis, loss of height) |
| <input type="checkbox"/> Urinary frequency or frequent UTIs | <input type="checkbox"/> Autoimmune disease |
| <input type="checkbox"/> Low libido | YOUR SCORE_____ |
| <input type="checkbox"/> Weight gain | |

Pattern 3: Low Progesterone

- | | |
|---|--|
| <input type="checkbox"/> Irregular menstrual cycles | <input type="checkbox"/> Spotting in the second half of your cycle |
| <input type="checkbox"/> Heavy periods | <input type="checkbox"/> Low or no signs of ovulation |
| <input type="checkbox"/> Insomnia, sleep problems | <input type="checkbox"/> Low basal body temp in the luteal phase |
| <input type="checkbox"/> Headaches or migraines | <input type="checkbox"/> Fertility problems |
| <input type="checkbox"/> Anxiety, depression | <input type="checkbox"/> Low libido |
| <input type="checkbox"/> PMS | <input type="checkbox"/> Breast tenderness, fibrocystic breasts |
| <input type="checkbox"/> Short luteal phase (ovulation to menstruation less than 12 days) | <input type="checkbox"/> Fibroids |
| <input type="checkbox"/> Recurrent miscarriage | <input type="checkbox"/> Gallbladder problems |
| <input type="checkbox"/> Symptoms of excess estrogen (see book) | <input type="checkbox"/> Endometriosis |
| | YOUR SCORE_____ |

Pattern 4: High Testosterone

- | | |
|--|---|
| <input type="checkbox"/> Irregular periods | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Skipped periods | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Fertility challenges | <input type="checkbox"/> Aggression, irritability |
| <input type="checkbox"/> Hair in unwanted places | <input type="checkbox"/> Polycystic ovary syndrome (PCOS) |
| <input type="checkbox"/> Hair loss (head) | <input type="checkbox"/> High LDL cholesterol |
| | YOUR SCORE_____ |

Pattern 5: Low Testosterone

- | | |
|--|---|
| <input type="checkbox"/> Fatigue, sluggishness | <input type="checkbox"/> Low sex drive |
| <input type="checkbox"/> Low motivation | <input type="checkbox"/> Decreased sexual satisfaction, difficulty achieving orgasm |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Muscle weakness or loss of muscle | <input type="checkbox"/> Irregular menstrual cycles |
| <input type="checkbox"/> Hair loss | YOUR SCORE_____ |
| <input type="checkbox"/> Sleep disturbances | |

Pattern 6: High Cortisol

- | | |
|---|---|
| <input type="checkbox"/> Chronic stress, overwhelm | <input type="checkbox"/> Low (or no) sex drive |
| <input type="checkbox"/> Low motivation or drive | <input type="checkbox"/> Overweight, especially around my middle ("muffin top") |
| <input type="checkbox"/> Often feeling burnout | <input type="checkbox"/> Blue or even depressed |
| <input type="checkbox"/> Trouble falling asleep, feeling "tired and wired" | <input type="checkbox"/> Increased skin wrinkling for your age |
| <input type="checkbox"/> Tired during the day, hit a slump around 3–4 p.m. | <input type="checkbox"/> Reduced memory or focus |
| <input type="checkbox"/> Waking up tired even after a good night's sleep | <input type="checkbox"/> Irregular menstrual cycles |
| <input type="checkbox"/> Insomnia, trouble falling asleep or staying asleep | <input type="checkbox"/> Miserable menopausal symptoms |
| <input type="checkbox"/> Needing coffee to start the day, or a cup in the afternoon | <input type="checkbox"/> Trouble getting pregnant, history of miscarriage |
| <input type="checkbox"/> Craving sweets, chocolate, or salty foods | <input type="checkbox"/> PCOS |
| <input type="checkbox"/> Bloating, puffiness, or fluid retention | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Mood swings, PMS, irritability, weepiness, mini breakdowns, or anxiety | <input type="checkbox"/> Bone loss (osteopenia or osteoporosis) |
| | <input type="checkbox"/> Autoimmune disease |
| | <input type="checkbox"/> Frequent colds or illnesses |
| | YOUR SCORE_____ |

Pattern 7: Low Thyroid Hormone

- | | |
|---|--|
| <input type="checkbox"/> Sluggishness, fatigue, zero energy | <input type="checkbox"/> Brittle or coarse hair or nails |
| <input type="checkbox"/> Weight gain without changing eating or exercise habits | <input type="checkbox"/> Hair loss, hair thinning |
| <input type="checkbox"/> Trouble losing weight, despite dieting and exercise | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> My memory and concentration aren't what they were | <input type="checkbox"/> Puffiness around eyes, face gets puffy |
| <input type="checkbox"/> Low mood, depression, anxiety | <input type="checkbox"/> Loss or thinning of outer third of eyebrows |
| <input type="checkbox"/> Sluggish bowels, constipation | <input type="checkbox"/> PMS, heavy periods, or skipped periods |
| <input type="checkbox"/> Feeling cold all the time, have to wear a sweater even if nobody else is, low body temperature | <input type="checkbox"/> Trouble getting pregnant, history of miscarriage |
| <input type="checkbox"/> Dry, itchy, or rough skin | <input type="checkbox"/> History of postpartum depression or trouble producing breast milk |
| | YOUR SCORE_____ |

Pattern 8: High Insulin / Insulin Resistance

- | | |
|--|---|
| <input type="checkbox"/> High blood sugar | <input type="checkbox"/> Frequent thirst, frequent urination |
| <input type="checkbox"/> Metabolic syndrome, insulin resistance, or diabetes | <input type="checkbox"/> Waist circumference >30 inches |
| <input type="checkbox"/> Shakiness or agitation between meals | <input type="checkbox"/> High blood pressure (>130/80) |
| <input type="checkbox"/> Skin tags | <input type="checkbox"/> History of gestational diabetes or had a baby who weighed more than 9 pounds |
| <input type="checkbox"/> Brown, velvety skin discoloration in my armpits, groin, or neck | <input type="checkbox"/> PCOS |
| <input type="checkbox"/> Tired a lot | <input type="checkbox"/> Hair in unwanted places |
| <input type="checkbox"/> Overweight, with weight especially around my waist and belly | <input type="checkbox"/> Hair thinning or loss |
| | <input type="checkbox"/> Acne, especially cystic acne |
| | YOUR SCORE_____ |