# MindBodySoul Women Hormone Self-Assessment Quiz

Take the Quiz and See If HRT is Right for You!

## ☑ Consent to Contact

I authorize MindBodySoul to contact me via:

☐ Phone Call  ☐ Text Message  ☐ Email

## Personal Information

|  |  |
| --- | --- |
| First Name \* |  |
| Last Name \* |  |
| Email \* |  |
| Phone Number |  |
| State |  |
| Zipcode |  |
| Your Age \* |  |

Age Options: ☐ 18–34 ☐ 35–44 ☐ 45–54 ☐ 55–64 ☐ 65 and above ☐ Prefer not to say

## Hormone Health Self-Assessment

Please select the option that best describes your experience:

|  |  |  |  |
| --- | --- | --- | --- |
| Statement | Don’t Agree | Agree | Strongly Agree |
| I have noticed an increase in night sweats. | ☐ | ☐ | ☐ |
| I have noticed an increase in weight. | ☐ | ☐ | ☐ |
| I have noticed an increase in depression. | ☐ | ☐ | ☐ |
| I have noticed an increase in irritability. | ☐ | ☐ | ☐ |
| I have noticed a decrease in sex drive. | ☐ | ☐ | ☐ |
| I have noticed a decrease in energy levels. | ☐ | ☐ | ☐ |
| I eat more unhealthy foods than usual. | ☐ | ☐ | ☐ |
| I have trouble sleeping or staying asleep. | ☐ | ☐ | ☐ |
| I have difficulty concentrating or experience 'brain fog.' | ☐ | ☐ | ☐ |
| I experience hot flashes or cold intolerance. | ☐ | ☐ | ☐ |
| I feel more anxious, tense, or overwhelmed than usual. | ☐ | ☐ | ☐ |
| I experience muscle weakness or joint stiffness more often than before. | ☐ | ☐ | ☐ |

[ Submit Button ]

\*Your responses are private and will only be used to assess if hormone therapy may benefit your health. A provider from MindBodySoul will contact you shortly.\*