



## Oestrogen Dominance Questionnaire

Read each question carefully, and record the number next to a question if it applies to you. When you finish, add up the numbers you have recorded.

- |   |   |
|---|---|
| Do you experience premenstrual breast tenderness?               | 4 |
| Do you have premenstrual mood swings?                           | 4 |
| Do you experience premenstrual fluid retention and weight gain? | 4 |
| Do you experience premenstrual headaches?                       | 4 |
| Do you experience migraines?                                    | 3 |
| Do you experience severe menstrual cramps?                      | 4 |
| Do you have heavy periods with clotting?                        | 3 |
| Do you have irregular menstrual cycles?                         | 3 |
| Do you have uterine fibroids?                                   | 3 |
| Do you have fibrocystic breast disease?                         | 3 |
| Do you have endometriosis?                                      | 2 |
| Have you had infertility problems?                              | 2 |
| Have you had more than one miscarriage?                         | 2 |
| Do you experience joint pain?                                   | 1 |
| Do you experience unusual muscle pain?                          | 1 |
| Do you have a decreased libido?                                 | 3 |
| Do you have anxiety or panic attacks?                           | 2 |

TOTAL SCORE \_\_\_\_\_

< 5 oestrogen dominance is unlikely

5-8 oestrogen dominance possible

9-20 oestrogen dominance probable

>20 oestrogen dominance is very likely

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