**Questionnaire Hormone Yoga**

Name ........................................................................... Age .....

Country ....................................................................... Town.....................

email .... ...................................................................... Are you a yoga teacher?..........

Please, fill in your health conditions. All possible contraindications should be avoided.

This information will be used only for research with no identification.

**Health conditions** – If the answer is yes, put an [ x ]

|  |  |  |  |
| --- | --- | --- | --- |
| Menopause...........................  | [ ] | Hypertension........... .  | [ ] |
| Pre-menopause.....................  | [ ] | Osteopenia ................  | [ ] |
| Precocious-menopause..........  | [ ] | Osteoporosis .............  | [ ] |
| Post-menopause....................  | [ ] | High cholesterol ........  | [ ] |
| Hysterectomy .......................  | [ ] | Hypothyroidism ........  | [ ] |
| Do you have the ovaries?.....  | [ ] | Hyperthyroidism ......  | [ ] |
| Excess of bleeding...............  | [ ] | Arthritis ....................  | [ ] |
| Policystic ovaries.................  | [ ] | Tendinitis..................  | [ ] |
| Myoma................................ .  | [ ] | Infection ....................  | [ ] |
| Infertility ............................ .  | [ ] | Cervical cancer.........  | [ ] |
| PMS, premenstrual tension..  | [ ] | Kyphosis ..................  | [ ] |
| Breast cancer .................. .....  | [ ] | Lordosis ....................  | [ ] |
| Endometriosis .......................  | [ ] | Scoliosis ..................  | [ ] |
| Diabetes ...............................  | [ ] | Other………………..  | [ ] |

The Evaluation of symptoms below is for your own control. Observe the intensity of symptoms and fill in the questionnaire before HYT course and, after the first and third month of practice. To evaluate the results, you can check the estradiol levels with a blood test (before course and after 3 months).

**Symptoms** - evaluate its intensity as 0, 1, 2, or 3.

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| --- | --- | --- | --- |
|  Hot flashes..........................  | [ ] | Migraine ...................  | [ ] |
| Vaginal dryness ..................  | [ ] | Panic attacks..............  | [ ] |
| Vaginal itching ...................  | [ ] | Headaches ..................  | [ ] |
| Decrease of libido ...............  | [ ] | Joint pain ..................  | [ ] |
| Irritability ............................  | [ ] | Skin itching ..............  | [ ] |
| Emotional instability ...........  | [ ] | Insomnia ...................  | [ ] |
| Anxiety ................................  | [ ] | Loss of smell .............  | [ ] |
| Palpitation ...........................  | [ ] | Hair loss .....................  | [ ] |
| Tiredness .............................  | [ ] | Skin dryness .............  | [ ] |
| Discouragement ..................  | [ ] | Brittle nails................  | [ ] |
| Depression ..........................  | [ ] | Slow thinking............  | [ ] |
| Premenstrual tension | [ ] | Menstrual bleeding | [ ] |

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| --- | --- | --- | --- |
|  |  |  |  |
| Estradiol level | [ ] | FSH | [ ] |
| Progesterone | [ ] | LH | [ ] |