Larissa Gaertner
HORMON YOGA
Telefon: +49 (0)33 41 30 24 64
www.hormonyoga.net
hormonyoga.net@web.de

Questionnaire

Seminar “Hormonyoga-Therapy Menopause”

→ **Please complete and send it back to us via mail or telefax until ……..**

Name: ……. Phone: ……
Post. code/Town: ……. E-Mail: ……
Street: ……. Country: ……
When did you start with yoga? ……. Age: ……

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

Menopause.....	[ ]	Hypertension.....	[ ]
Pre-menopause.....	[ ]	Osteopeny.....	[ ]
Precocious-menopause.....	[ ]	Osteoporosis.....	[ ]
Pos-menopause.....	[ ]	Hight cholesterol.....	[ ]
Histerectomy.....	[ ]	Hypothyroidism.....	[ ]
Do you have the ovaries? …	[ ]	Hyperthyroidis.....	[ ]
Excess of bleeding.....	[ ]	Arthritis.....	[ ]
Policystic ovaries.....	[ ]	Tendonitis.....	[ ]
Mioma.....	[ ]	Rynitis.....	[ ]
Infertilit.....	[ ]	Cervicals.....	[ ]
Kyphosis.....	[ ]	Hormone reposition? …..	[ ]
Breast cancer.....	[ ]	Lordosis.....	[ ]
Endometriosis.....	[ ]	Escoliosis.....	[ ]
Diabetis.....	[ ]	Carpal tunnel syndrome	[ ]

SYMPTOMS - *(evaluate its intensity as 0, 1, 2, or 3)*

Hot flushes.....	[ ]	Migraine.....	[ ]
Vaginal dryness.....	[ ]	Panic.....	[ ]
Vaginal itching.....	[ ]	Headache.....	[ ]
Decrease of libido.....	[ ]	Joint pain.....	[ ]
Irritability.....	[ ]	Skin itching.....	[ ]
Emotional instability	[ ]	Insomnia.....	[ ]
Anxiety.....	[ ]	Loss of smelling.....	[ ]
Anguish.....	[ ]	Loss of memory.....	[ ]
Palpitation.....	[ ]	Hair loss.....	[ ]
Tyredness.....	[ ]	Skin dryness.....	[ ]
Discouragement.....	[ ]	Brittle nails.....	[ ]
Depression.....	[ ]	Slow thinking.....	[ ]
PMT pre menstr. tension …	[ ]	Cold legs……	[ ]
Oestradiol level.....	[ ]	FSH.....	[ ]
Progesterone.....	[ ]	LH……	[ ]

These informations will be used only for research with no identification (just numbers).
After one month of practice, a second questionnaire should be answered and sent to me and after three months, a new estradiol blood test for evaluation of results.