



Hormone Quiz

**FOR CYCLING WOMEN INCLUDES:
WOMEN ON BIRTH CONTROL AND
PERIMENOPAUSAL WOMEN**

THANK YOU FOR YOUR INTEREST IN ENDOAXIS FORMULATIONS!

We've developed a comprehensive line of 26 products, each designed to address distinct physiological patterns identified through urinary metabolite clearance. While personalized recommendations based on lab testing are always preferred, we understand that testing isn't always accessible or immediate. That's why we've created this clinical guide and hormone quiz—to help providers identify the most appropriate formulation based on a patient's symptoms and health history.

This tool offers a thoughtful, streamlined approach to product selection, and is especially useful in cases where immediate testing is unavailable. However, clinical judgment remains essential.



GUIDELINES FOR USE

DURATION

Products are designed for use over a period of 3–6 months.

MONITORING

Observe symptom changes and patient response during this time. If no response—or adverse symptoms—occur, re-evaluate with additional lab analysis and adjust the protocol as needed.

FURTHER RESOURCES

Visit our Provider Portal (free to register) for expanded clinical education and resources under the Education tab.

DISCLAIMERS

1. WOMEN UNDER AGE 40 WHO ARE NOT MENSTRUATING

If a woman under 40 is not cycling, conduct a thorough evaluation to determine the cause before initiating nutritional or herbal interventions. If a diagnosis is already known and adjunct support is desired, proceed with the quiz accordingly.

2. WOMEN USING BHRT

Exogenous hormone use can significantly alter metabolite patterns and receptor activity. For women on bioidentical hormone replacement therapy (bHRT), urinary metabolite testing is strongly recommended to tailor interventions to their unique profile.

3. PATIENTS WITH HORMONE-SENSITIVE CANCERS

In patients with a history of hormone-sensitive breast or reproductive cancers:

- Use caution when selecting herbal formulas.
- Always vet ingredients carefully for estrogenic or hormone-modulating properties.
- Focus support on adrenal health, detoxification, and foundational nutrients unless otherwise indicated.

Are they taking hormonal birth control?

Yes or No: _____

If **YES** - Skip to page 9

Do you have concerns that the patient has or may have PCOS?

Yes or No: _____

If **YES** - Skip the remaining questions on this page and proceed to the "Testosterone Excess" quiz on page 10.

IMPORTANT SCREENING: CYCLE ABSENCE

A woman under the age of 40 who has not had a menstrual cycle for > 3 months (or >6 months with known diagnosis of PCOS), and is not pregnant, breastfeeding or on birth control should be assessed for secondary amenorrhea.

Differentials for secondary amenorrhea include:

- Premature ovarian insufficiency (POI) - premature loss of antral follicle response
- Hypothalamic amenorrhea
- Thyroid dysfunction - hyper- or hypothyroid can result in cycle irregularities and absence
- Elevated prolactin
- PCOS with chronic anovulation

Although natural support can be considered, identifying the cause of a prolonged absent menstrual cycle is the first priority. Referral should be considered if cause is not identified. **If a woman does not have the return of her menstrual period within 3 months of starting a protocol they require referral and initiation of bHRT - as their bones are losing valuable estrogen at a critical point in their life.**

HORMONE HEALTH ASSESSMENT:

For each statement below, rate how true it is for you over the past 3 cycles.

0= never 1 = sometimes 2 = always

SECTION 1: LOW PROGESTERONE / LUTEAL PHASE ISSUES

My cycles are irregular or vary by more than 5–7 days from month to month. _____

I spot before my period or have short luteal phases (< 10 days after ovulation). _____

My periods are heavy and/or painful _____

I struggle with sleep issues the week before my period. _____

I have acne flare-ups before my period. _____

Score _____

SECTION 2: PMS + BLOOD SUGAR INSTABILITY / ESTROGEN-PROGESTERONE BALANCE

I get PMS with irritability, anxiety, or mood swings 5–10 days before my period. _____

I get cravings (especially sugar/carbs) during PMS. _____

I feel puffy, inflamed, or retain water the week before my period. _____

I get breast tenderness, headaches, or migraines before my period. _____

I get joint pains or back pains the week before my menstrual period. _____

Score _____

SECTION 3: LOW ANDROGEN SYMPTOMS (LOW LIBIDO / FATIGUE / MOTIVATION)

My libido is low or nearly nonexistent. _____

I have poor motivation, or low vitality. _____

I have difficulty gaining or maintaining lean muscle. _____

My testosterone or DHEA has tested low in serum or on other labs
(Total testosterone <15–20 ng/dL or DHEA-s <150 ug/dL in serum would be considered low) _____

I struggle to "bounce back" after injury, illness, or a hard work-out _____

Score _____

HORMONE HEALTH ASSESSMENT CONTINUED:

For each statement below, rate how true it is for you over the past 3 cycles.

0= never 1 = sometimes 2 = always

SECTION 4: LOW ESTROGEN / OVULATION CONCERNS (FOLLICULAR PHASE IMBALANCE)

My cycles are getting longer (>32 days) or I'm unsure if I'm ovulating. _____

I have vaginal dryness, low cervical mucus, or discomfort with intimacy. _____

I have brain fog or difficulty with concentration—especially early cycle. _____

My basal body temp, ovulation tracker (LH strips) or cervical mucus changes are irregular or hard to track _____

I struggle with low libido, but also have acne or excess facial hair. _____

Score _____

SECTION 5: GLOBAL LOW HORMONE ACTIVITY (ALL THREE: ESTROGEN, PROGESTERONE, TESTOSTERONE ARE LOW)

I feel like ALL hormones are low — low libido, poor mood, low energy, poor sleep. _____

My cycle is irregular OR trending toward no ovulation. _____

My FSH levels are trending higher on blood work (>10 mIU/mL in serum suggests ovarian resistance) _____

My labs have shown low estrogen AND low progesterone **OR** I suspect both due to absent or infrequent basal body temp fluctuations or cervical mucus change during the month. _____

I do not feel “peaks and valleys” during my cycle—everything feels flat. _____

Score _____

Add up the score of each section. Any section with a score ≥ 6 is considered positive for that formula consideration. Select the highest score of any positive scores. If there is a tie, read more about each and choose whichever Formula you feel is best indicated.

SECTION 1

SECTION 2

SECTION 3

SECTION 4

SECTION 5

Section	Score	Key Indication	Recommendation
Section 1	≥ 6	Low progesterone, cycle support	Formula 1 should be considered. If Section 3 and 4 are also ≥ 6 , then Formula 7 may be more appropriate, but review indications before selection.
Section 2	≥ 6	LH signaling + blood sugar + PMS inflammation	Formula 4 should be considered.
Section 3	≥ 6	Low androgen symptoms	Formula 5 should be considered.
Section 4	≥ 6	Low estrogen symptoms, specifically if you do not want to push excess androgens	Formula 8 should be considered.
Section 5	≥ 6	All sex hormones are suspected or confirmed low, or symptoms suggest low hormone response.	Formula 7 may be considered. Works best for cycling-aged women when combined with Formula 1. In this scenario, Formula 1 may be pulsed by giving it just during the luteal phase of the menstrual cycle

FORMULA OVERVIEW

Supplement	Overview	Key Herbs and Nutrients
Formula 1	Supports luteal phase, progesterone activity, reduces endometrial inflammation.	Vitex agnus-castus Yarrow Borage oil
Formula 4	Balances LH, estrogen/progesterone + blood sugar and inflammatory pathways.	Vitex agnus-castus Lady's Mantal Boswellia
Formula 5	Promotes androgen health, libido, motivation and adrenal health.	Maca Tribulus Fenugreek
Formula 8	Supports estrogen and follicular development without androgen stimulation.	Shatavari Dong quai (Angelica sinensis) Rhodiola
Formula 7	Supports symptoms of low estrogen + progesterone + testosterone when all are low. Targets hormone balance and adrenal health.	Bupleurum Black Cohosh Motherwort Maca

ON HORMONAL BIRTH CONTROL

Formula	Overview
<p>Formula 24</p>	<p>Formula 24 is our unique Birth Control Multivitamin. It is blended to help restore the nutrients lost while on birth control, while also supporting GI and neurological health. No other hormone-focused herbal formula is recommended if they are on hormone contraception, as the herbs and minerals are intended to support female physiology under normal circumstances. The use of hormones will alter physiologic states, and render hormone-targeted supplements less effective.</p> <p>If they are on a hormonal IUD, you can continue to the estrogen detox quiz (page 12). The IUD works at the local tissue level to augment ovarian activity and endometrial response. The use of liver and GI detox support can help improve hormone health if warranted and symptomatic.</p>

Testosterone Excess

FEMALE 

Use only if PCOS is a concern, and replace any female blend with a testosterone blend if so indicated.

Is PCOS a concern?

Do they have a history of irregular menstrual cycles that are not explained by other diagnosis? <i>e.g.: hypothyroid, hyperthyroid, hyperprolactinemia, Cushing syndrome, or irregularities started after age 40 (suggesting perimenopause)</i>	2
Cystic acne, hair loss on temples or crown, excess facial and/or body hair?	1
Multiple ovarian cysts identified on ultrasound	1
Elevated testosterone levels (>40 ng/mL in blood, or above 10 ng/mg in urine)	1

0-2 PCOS unlikely

3+ PCOS likely, proceed to the next set of questions

If they scored a 3 or more, then PCOS may be a concern.
Please proceed to the following questions:

Total: _____

If PCOS is a concern, please answer the following questions to determine an ideal blend for support:
(Do not combine the below score with the score from above)

PCOS SUPPLEMENT RECOMMENDATION QUIZ

Check all that apply:

PART 1

- I have high androgen symptoms (acne, hair growth on face/chest, androgen alopecia).
- I have signs of estrogen excess (PMS, breast tenderness, heavy periods, bloating).
- I have known elevations in inflammatory markers (hs-CRP, IL-6, autoimmune score, mold antibodies)
- I often experience swelling, puffiness, or water retention.
- I have poor bowel habits, or experience frequent bloating and constipation

Score _____

Testosterone Excess

Use only if PCOS is a concern, and replace any female blend with a testosterone blend if so indicated.

FEMALE 

PCOS SUPPLEMENT RECOMMENDATION QUIZ CONTINUED

Check all that apply:

PART 2

I have high androgens symptoms (acne, hair growth on face/chest, androgen alopecia).

My periods are absent, very irregular, or extremely light.

Lab work has shown very high LH, and lower FSH.

I struggle with hot flashes, night sweats, vaginal dryness and/or significant sleep disturbances

I have sugar cravings, weight changes, and/or frequent fatigue after meals

Score _____

Add up your totals from Part 1 and 2 above. Which section has the highest score?

Highest Score	Supplement	Overview
Part 1	Formula 9	PCOS, suspected inflammatory type, which means targets are to reduce estrogen and androgen burden. <i>Intended for high testosterone AND estrogen activity, or when DHEA-s is high.</i>
Part 2	Formula 10	PCOS, suspect poor aromatization. Targeting blood sugar balance and ovarian response to HPO signals. <i>Intended for Classic PCOS, when testosterone is high and estrogen is very low due to poor aromatase.</i>
Both sections are equal	Formula 9	PCOS suspected, type unclear. If labs are not known, Formula 9 is an appropriate "all purpose" blend for PCOS.
BONUS CONSIDERATIONS:	Formula 6	If acne, hair loss or excess facial hair is a concern, consider adding Formula 6, dosed at just 1 cap, 1-2x per day for support.
	Formula 25	If blood sugar activity is a concern, this formula is blended to include the clinically proven PCOS ratio of 40:1 myo/d-chiro inositol.
	Formula 1	Formula 1 supports optimal follicular health and LH signaling. This can be very important for women with inflammatory-type PCOS. It does contain Vitex, which can be problematic for some women with PCOS. If cycles are irregular, you may consider adding Formula 1 daily (except during the menstrual period). If symptoms worsen, then discontinue this blend.

Are they taking hormonal birth control (other than IUD)?

Yes or No: _____

If **YES** - SKIP Detox question and consider Formula 12

NOTE: IUDs act on local tissue and efficacy is not based on liver clearance of the synthetic hormone. All other hormonal forms of birth control will circulate and clear through the liver. Our detox blends focus on liver support, which means that they could alter the synthetic hormone clearance, making the birth control less effective.

Select all that apply in each section:

PART 1: ELEVATED ESTROGEN OR ESTROGEN EXCESS
(HEAVY FLOW, PMS, FIBROCYSTIC SYMPTOMS → PHASE 1 NEEDS HELP)

- My menstrual bleeding is heavy (changing pad/tampon every 1–2 hours, clots).
- I experience breast tenderness, swelling, or fibrocystic breast changes.
- I feel bloated or puffy during the luteal phase (before period).
- I have menstrual headaches or migraines.
- I feel worse taking methylated B vitamins (methylfolate or methylcobalamin).

Score _____

PART 2: METHYL AND SULFATION SUPPORT
(MENSTRUAL DISCOMFORT OR HEAVY FLOW, BUT LOW OR NORMAL ESTROGENS > PHASE 2 NEEDS HELP)

- I have painful menstrual periods, with or without heavier flow.
- I get irritable or emotional during my luteal phase, particularly “ragey” PMS.
- I have not tolerated DIM or I3C in the past.
- I feel very anxious or restless when I drink too much caffeine.
- I struggle with sleep, anxiety or higher stress the week or two leading up to my period.

Score _____

Select all that apply in each section:

PART 3: GUT / PHASE 3 DETOX ISSUES

(ESTROGEN IS LEAVING THROUGH STOOL—POOR GI CONJUGATION CAUSES RECIRCULATION)

- I struggle with painful menstrual periods, fibrocystic breasts or menstrual headaches
- I have constipation (<1 bowel movement per day).
- I experience bloating, gas, or incomplete bowel elimination.
- I get estrogen-dominant symptoms after travel or during stress.
- I have a known elevation in beta-glucuronidase on stool testing.

Score _____

PART 4: DNA DAMAGE RISK / OXIDATIVE STRESS

(PHASE 1 QUINONE FORMATION + LOW ANTIOXIDANT PROTECTION)

- I have a family history of estrogen-positive cancers (breast, uterine, ovarian).
- I have been exposed to high environmental toxins (plastics, fragrances, pesticides).
- I have chronic inflammation or oxidative stress symptoms (fatigue, skin issues).
- My cycle includes dark, clotty bleeding or spotting before menses.
- I have a history of lower estrogen production.

Score _____

PART 5: NEEDING COMPREHENSIVE / ELEVATED SYMPTOMS IN MULTIPLE AREAS

(WHEN SYMPTOMS ARE WIDESPREAD ACROSS A–D)

- I've checked 2 or more symptoms in sections 1-3.
- I don't know where to start and want broad support.
- My estrogen-dominant symptoms have been long-standing or severe.

Score _____

If there is 1 or more selected in this part, add all other scores to this score for final selection.

Add up the score of each section. Which part has the highest score?

Highest Score	Supplement	Reason
Part 1	Formula 2	Helps down-regulate excess estrogen production without methyl donors.
Part 2	Formula 3	For patients who benefit from methyl donors to convert estrogen to inactive metabolites. Or for those with known "slow type" COMT.
Part 3	Formula 11	Targets beta-glucuronidase and supports gut clearance of estrogen.
Part 4	Formula 12	Protects against quinone-induced oxidative stress and DNA damage.
Part 5	Formula 3.5	Best for broad estrogen excess symptoms across all 3 pathways.