

## Growth Hormone Optimization Rating Scale (GHORS-8)

### Instructions to patient:

Rate each statement based on how true it has been for you over the past month. Circle one number per item.

(0 = Never 1 = Sometimes 2 = Often 3 = Almost Always)

Symptom or Experience	0	1	2	3
1. I feel persistent fatigue or reduced stamina.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I've noticed decreased muscle tone or strength.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My body fat—especially around the abdomen—has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My skin appears thinner, drier, or less firm than before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My sleep is poor or non-restorative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My recovery from exercise or injury is slower than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My mood, motivation, or overall sense of well-being has declined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel mental fog or decreased sharpness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **CLINICAL USE ONLY**

### **Scoring**

Add all item values (0–24 possible).

- **0–7:** Minimal GH-deficiency symptoms
- **8–15:** Moderate – consider lifestyle optimization and IGF-1 assessment
- **16–24:** High – possible GH deficiency or suboptimal GH signaling; candidate for GH secretagogue evaluation