

Symptom Checklist for WOMEN

Use each of the following checklists to determine your symptoms of hormone imbalance and to help you choose the appropriate profile.

Category 1: Basic Hormone Imbalance

Mark which of the following symptoms are troublesome and/or persist over time.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Mood swings (PMS) | <input type="checkbox"/> Urinary incontinence | <input type="checkbox"/> Night sweats |
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Cystic ovaries | <input type="checkbox"/> Vaginal dryness | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Heavy menses | <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Depressed mood |
| <input type="checkbox"/> Fibrocystic breasts | <input type="checkbox"/> Irritability | <input type="checkbox"/> Increased body/facial hair | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Thinning skin | <input type="checkbox"/> Uterine fibroids | | <input type="checkbox"/> Bone loss |

Category 2: Adrenal Hormone Imbalance

Mark which of the following symptoms are troublesome and/or persist over time.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Elevated triglycerides | <input type="checkbox"/> Morning fatigue | |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Susceptibility to infections |
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Allergic conditions | <input type="checkbox"/> Blood sugar imbalance |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Evening fatigue | <input type="checkbox"/> BONE LOSS | <input type="checkbox"/> Autoimmune illness |

Category 3: Thyroid Hormone Imbalance

Mark which of the following symptoms are troublesome and/or persist over time.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Brittle nails | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Dry skin | <input type="checkbox"/> Cold hands and feet | <input type="checkbox"/> Headaches | <input type="checkbox"/> Infertility |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Feeling cold all the time |
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Low libido | <input type="checkbox"/> Inability to lose weight | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Thinning hair | <input type="checkbox"/> Menstrual irregularities | <input type="checkbox"/> Elevated cholesterol |

Category 4: Cardiometabolic Risk

Mark which of the following symptoms are troublesome and/or persist over time.

- | | | |
|--|--|---|
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Heart disease or family history of heart disease |
| <input type="checkbox"/> High blood sugar | <input type="checkbox"/> Sugar cravings | <input type="checkbox"/> Diabetes or family history of diabetes |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Waist size greater than 35 inches |
| <input type="checkbox"/> Overweight or obese | <input type="checkbox"/> Low physical activity | |

If you checked symptoms in **All four categories**, the suggested test profiles are:

GOOD: Female Blood Profile I (Blood Spot) or Female/Male Saliva Profile I (Saliva)

BEST: Comprehensive Female Profile I or II (Saliva/Blood Spot) and CardioMetabolic Profile I (Blood)

If you checked symptoms **ONLY in Category 1**, the suggested test profiles are:

GOOD: Female Blood Profile I (Blood Spot) or Female/Male Saliva Profile I (Saliva)

BEST: Comprehensive Female Profile I or II (Saliva/Blood Spot)

If you checked symptoms **ONLY in Category 2**, the suggested test profiles are:

GOOD: Diurnal Cortisol (Saliva)

BEST: Comprehensive Female Profile I or II (Saliva/Blood Spot)

If you checked symptoms **ONLY in Category 3**, the suggested test profiles are:

GOOD: Complete Thyroid Profile (Blood Spot)

BEST: Comprehensive Female Profile I or II (Saliva/Blood Spot)

If you checked symptoms **ONLY in Category 4**, the suggested test profiles are:

GOOD: CardioMetabolic Profile I (Blood) plus Diurnal Cortisol (Saliva)

BEST: CardioMetabolic Profile I (Blood) plus Female/Male Saliva Profile III (Saliva)

Symptom Checklist for MEN

Use each of the following checklists to determine your symptoms of hormone imbalance and to help you choose the appropriate profile.

Category 1: Basic Hormone Imbalance

Mark which of the following symptoms are troublesome and/or persist over time.

<input type="checkbox"/> Burned out feeling	<input type="checkbox"/> Irritable	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Decreased urine flow
<input type="checkbox"/> Hot flashes	<input type="checkbox"/> Erectile dysfunction	<input type="checkbox"/> Increased urinary urge	<input type="checkbox"/> Decreased stamina
<input type="checkbox"/> Weight gain waist	<input type="checkbox"/> Prostate problems	<input type="checkbox"/> Infertility problems	<input type="checkbox"/> Sleep disturbances
<input type="checkbox"/> Decreased libido	<input type="checkbox"/> Decreased mental sharpness	<input type="checkbox"/> Oily skin	<input type="checkbox"/> Decreased muscle mass
<input type="checkbox"/> Decreased erections		<input type="checkbox"/> Apathy	
<input type="checkbox"/> Night sweats			

Category 2: Adrenal Hormone Imbalance

Mark which of the following symptoms are troublesome and/or persist over time.

<input type="checkbox"/> Aches and pains	<input type="checkbox"/> Elevated triglycerides	<input type="checkbox"/> Morning fatigue	<input type="checkbox"/> Bone loss
<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Blood sugar imbalance
<input type="checkbox"/> Infertility	<input type="checkbox"/> Lack of motivation	<input type="checkbox"/> Allergic conditions	<input type="checkbox"/> Autoimmune illness
<input type="checkbox"/> Chronic illness	<input type="checkbox"/> Prostate problems	<input type="checkbox"/> Weight gain waist	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Stress	<input type="checkbox"/> Evening fatigue	<input type="checkbox"/> Decreased erections	<input type="checkbox"/> Susceptibility to infections

Category 3: Thyroid Hormone Imbalance

Mark which of the following symptoms are troublesome and/or persist over time.

<input type="checkbox"/> Low libido	<input type="checkbox"/> Depression	<input type="checkbox"/> Cold body temperature	<input type="checkbox"/> Decreased erections
<input type="checkbox"/> Foggy thinking	<input type="checkbox"/> Infertility	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sleep disturbances
<input type="checkbox"/> Constipation	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Lack of motivation	<input type="checkbox"/> Inability to lose weight
<input type="checkbox"/> Elevated cholesterol			

Category 4: Cardiometabolic Risk

Mark which of the following symptoms are troublesome and/or persist over time.

<input type="checkbox"/> Smoker	<input type="checkbox"/> Weight gain	<input type="checkbox"/> Heart disease or family history of heart disease
<input type="checkbox"/> High blood sugar	<input type="checkbox"/> Sugar cravings	<input type="checkbox"/> Diabetes or family history of diabetes
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Waist size greater than 40 inches
<input type="checkbox"/> Overweight or obese	<input type="checkbox"/> Low physical activity	

If you checked symptoms in **All four categories**, the suggested test profiles are:

GOOD: Male Blood Profile I (Blood Spot) or Female/Male Saliva Profile I (Saliva)

BEST: Comprehensive Male Profile I or II (Saliva/Blood Spot) and CardioMetabolic Profile I (Blood)

If you checked symptoms **ONLY in Category 1**, the suggested test profiles are:

GOOD: Male Blood Profile I (Blood Spot) or Female/Male Saliva Profile I (Saliva)

BEST: Comprehensive Male Profile I or II (Saliva/Blood Spot)

If you checked symptoms **ONLY in Category 2**, the suggested test profiles are:

GOOD: Diurnal Cortisol (Saliva)

BEST: Comprehensive Male Profile I or II (Saliva/Blood Spot)

If you checked symptoms **ONLY in Category 3**, the suggested test profiles are:

GOOD: Complete Thyroid Profile (Blood Spot)

BEST: Comprehensive Male Profile I or II (Saliva/Blood Spot)

If you checked symptoms **ONLY in Category 4**, the suggested test profiles are:

GOOD: CardioMetabolic Profile I (Blood) plus Diurnal Cortisol (Saliva)

BEST: CardioMetabolic Profile I (Blood) plus Female/Male Saliva Profile III (Saliva)