

# Symptom Checklist for WOMEN

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

## Category 1: Basic Hormone Imbalance

Mark which of the following factors/symptoms are present 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"/> Low libido/decreased sexual function | <input type="checkbox"/> Uterine fibroids  |   | <input type="checkbox"/> Bone loss      |

## Category 2: Adrenal Hormone Imbalance

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

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Aches and pains         | <input type="checkbox"/> Weight gain              | <input type="checkbox"/> Morning fatigue | <input type="checkbox"/> Food cravings                |
| <input type="checkbox"/> Sleep disturbances      | <input type="checkbox"/> Depression               | <input type="checkbox"/> Anxiety         | <input type="checkbox"/> Susceptibility to infections |
| <input type="checkbox"/> Chronic health problems | <input type="checkbox"/> Evening fatigue          | <input type="checkbox"/> Allergies       | <input type="checkbox"/> Autoimmune diseases          |
| <input type="checkbox"/> Low blood sugar         | <input type="checkbox"/> History of steroid usage | <input type="checkbox"/> Bone loss       | <input type="checkbox"/> Diabetes/prediabetes         |

## Category 3: Thyroid Hormone Imbalance

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

|  |  |   |
|--|--|---|
| <input type="checkbox"/> History of smoking  | <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"/> Low physical activity | <input type="checkbox"/> Elevated triglycerides                           |

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

**MINIMUM:** Female Blood Profile II (Blood Spot)

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

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

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

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

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

**MINIMUM:** Adrenal Stress Profile (Saliva)

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

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

**MINIMUM:** Essential Thyroid Profile (Blood Spot)

**PREFERRED:** Comprehensive Female Profile I or II (Saliva/Blood Spot); **OR** Comprehensive Thyroid Profile (Blood Spot/Dried Urine) plus Female/Male Saliva Profile III (Saliva)

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

**MINIMUM:** CardioMetabolic Profile (Blood Spot)

**PREFERRED:** CardioMetabolic Profile (Blood Spot) plus Female/Male Saliva Profile III (Saliva)