

Symptom Checklist for MEN

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"/> 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 factors/symptoms are present and/or persist over time.

<input type="checkbox"/> Aches and pains	<input type="checkbox"/> Depression	<input type="checkbox"/> Morning fatigue	<input type="checkbox"/> Bone loss
<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Lack of motivation	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Low blood sugar
<input type="checkbox"/> Chronic health problems	<input type="checkbox"/> Prostate problems	<input type="checkbox"/> Allergies	<input type="checkbox"/> Autoimmune disease
<input type="checkbox"/> Stress	<input type="checkbox"/> Evening fatigue	<input type="checkbox"/> Weight gain waist	<input type="checkbox"/> Fibromyalgia
		<input type="checkbox"/> Decreased erections	<input type="checkbox"/> Susceptibility to infections

Category 3: Thyroid Hormone Imbalance

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

<input type="checkbox"/> Low libido	<input type="checkbox"/> Depression	<input type="checkbox"/> Feeling cold	<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	<input type="checkbox"/> Dry skin	<input type="checkbox"/> Heart palpitations	<input type="checkbox"/> Brittle nails

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 40 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: Male Blood Profile II (Blood Spot)

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

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

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)