

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 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)