

Please rate yourself on each of the symptoms listed below using the following scale.

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Thyroid Hormone Imbalance #1:

- ___ 1. Have you noticed excessive fatigue or weakness in your body?
- ___ 2. Do you have dry or coarse skin?
- ___ 3. Have you experienced hair loss on your head and body?
- ___ 4. Do you have cold hands and/or feet?
- ___ 5. Have you experienced weight gain?
- ___ 6. Do you have insomnia?
- ___ 7. Do you struggle with constipation?
- ___ 8. Do you feel depressed?
- ___ 9. Do you have a poor memory or forgetfulness?
- ___ 10. Do you feel sluggish?
- ___ 11. Do you have an intolerance to cold weather?
- ___ 12. Do you become out of breath easily?
- ___ 13. Is your voice hoarse?

Thyroid Hormone Imbalance #2:

- ___ 1. Do you notice fatigue?
- ___ 2. Do you notice weakness?
- ___ 3. Do you have an intolerance to hot weather?
- ___ 4. Have you experienced unexplained weight loss?
- ___ 5. Do you suffer from insomnia?
- ___ 6. Do you have frequent bowel movements?
- ___ 7. Do you feel nervous?
- ___ 8. Do your hands have a shaky tremor?
- ___ 9. Do you feel heart palpitations (rapid or fluttering heart beat)?
- ___ 10. Do you experience breathlessness?

Adrenal Hormone Imbalance:

- ___ 1. Do you feel like you have excessive exhaustion?
- ___ 2. Are you unable to lose gained weight?
- ___ 3. Do you have a low sex drive?
- ___ 4. Do you feel lightheaded shortly after standing up?
- ___ 5. Do you have difficulty getting up in the morning?

Never 0	Rarely 1	Occasionally 2	Frequently 3	Very Frequently 4	Not Applicable NA
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- ___ 6. Do you need coffee or other stimulants to get going in the morning?
- ___ 7. Do you crave sugar or salty foods?
- ___ 8. Do you tremble when under pressure?
- ___ 9. Do you have difficulty remembering things?
- ___ 10. Do you feel fatigued in the afternoon between 3 and 5 pm?
- ___ 11. Do you feel suddenly better for a brief period after eating?
- ___ 12. Is it difficult for you to recover after a physical exercise session?
- ___ 13. Are you sensitive to bright lights?
- ___ 14. Do you feel overwhelmed or unable to cope?
- ___ 15. Do you have low blood pressure?

Low Estrogen:

- ___ 1. Do you experience hot flashes/hot flushes?
- ___ 2. Do you have night sweats?
- ___ 3. Have you experienced crying spells over things that wouldn't usually make you cry?
- ___ 4. Do you have vaginal dryness or pain during intercourse?
- ___ 5. Do you get frequent bladder infections?
- ___ 6. Do you struggle with recurrent yeast infections?
- ___ 7. Do you have leakage from the bladder when you cough or sneeze?
- ___ 8. Do you wake up often throughout the night?
- ___ 9. Do you experience anxiousness or a rapid heartbeat?
- ___ 10. Have you noticed reduced fullness in your breasts?
- ___ 11. Do you have dry eyes, dry hair, or dry skin?
- ___ 12. Do you have a decreased sense of well-being?

Low Progesterone:

- ___ 1. Have you tried unsuccessfully to become pregnant?
- ___ 2. Do you have heavy periods?
- ___ 3. Have you been diagnosed with fibrocystic breasts?
- ___ 4. Are your menstrual cycles irregular?
- ___ 5. Do you experience sudden mood swings?
- ___ 6. Do you pass blood clots during menstruation?
- ___ 7. Do you have painful periods?
- ___ 8. Do you have difficulty concentrating, sometimes called "brain fog"?
- ___ 9. Do you wake up between 3 and 5am unable to go back to sleep?
- ___ 10. Do you crave sweets?
- ___ 11. Are you tired or have low energy?
- ___ 12. Do you suffer from PMS?
- ___ 13. Do you have painful cramping during your menstrual cycle?

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Estrogen Dominance:

- ___ 1. Do you have tender breasts?
- ___ 2. Do you experience mood swings?
- ___ 3. Do you retain water (your rings feel tight, ankle swelling)?
- ___ 4. Do you have headaches?
- ___ 5. Do you have a low sex drive?
- ___ 6. Are you irritable?
- ___ 7. Do you suffer from depression?
- ___ 8. Are you unusually bossy?
- ___ 9. Have you increased a breast size?
- ___ 10. Have you been diagnosed with fibrocystic breasts?
- ___ 11. Have you been diagnosed with uterine fibroids?
- ___ 12. Is your face puffy?
- ___ 13. Have you gained weight around the hips and stomach?
- ___ 14. Do you have difficulty reaching orgasm?
- ___ 15. Do you suffer from PMS?
- ___ 16. Do you have heavy periods?

Low Testosterone:

- ___ 1. Have you noticed a decrease in your desire to have sex?
- ___ 2. Have you noticed a decrease in your enjoyment of life?
- ___ 3. Do you have a lack of energy?
- ___ 4. Do you have a decreased amount of strength?
- ___ 5. Has your endurance for physical exercise decreased?
- ___ 6. Do you feel depressed?
- ___ 7. Is it difficult for you to reach orgasm?
- ___ 8. Do you feel irritable?
- ___ 9. Do you feel anxious?
- ___ 10. Do you notice a sense of fatigue in your body?
- ___ 11. Have you lost significant muscle mass in your body?
- ___ 12. Have your orgasms become weaker and take longer to achieve?
- ___ 13. Do you find it more difficult to become sexually aroused?

High Testosterone:

- ___ 1. Do you have acne as an adult?
- ___ 2. Do you have excessive hair growth on your chin, upper lip, or breast area?
- ___ 3. Do you have unexplained weight gain around the middle that you are unable to lose?
- ___ 4. Do you have male-pattern baldness (receding hairline or bald spot)?
- ___ 5. Do you have excessively oily skin or hair?
- ___ 6. Do you have unexplained depression?
- ___ 7. Do you have irregular periods?

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___ 8. Do you have a loss of sex drive?

___ 9. Do you have an excessive sex drive?