

MENS CHECKLIST FOR SYMPTOMS OF HORMONE IMBALANCE

The following checklists can be used to help you and your healthcare provider determine specific symptoms of hormone imbalance.

Category 1: Basic Hormone Imbalance

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

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Hot Flashes | <input type="checkbox"/> Decreased urine flow | <input type="checkbox"/> Erectile dysfunction | <input type="checkbox"/> Prostate problems |
| <input type="checkbox"/> Burned out feeling | <input type="checkbox"/> Decreased stamina | <input type="checkbox"/> Infertility problems | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Apathy | <input type="checkbox"/> Decreased muscle mass | <input type="checkbox"/> Increased urinary urge | <input type="checkbox"/> Oily Skin |
| <input type="checkbox"/> Decreased libido | <input type="checkbox"/> Irritability | <input type="checkbox"/> Night sweats | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Decreased mental sharpness | <input type="checkbox"/> Insomnia | | |

Number selected ___

Category 2: Adrenal Hormone Imbalance

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

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

Number selected ___

Category 3: Thyroid Hormone Imbalance

Note which of the following symptoms and/or persist over time.

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

Number selected ___

History Update: Have you...?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Diagnosed Hashimotos | <input type="checkbox"/> Diagnosed Prostate cancer | <input type="checkbox"/> Do your medicines include Thyroid medicine, Propecia, | <input type="checkbox"/> Proscar or Avodart? |
| <input type="checkbox"/> Had urology work up | <input type="checkbox"/> Activity level: low, med, high | | <input type="checkbox"/> Smoker |