

# SYMPTOM CHECKLIST – MEN

The following checklist can help identify symptoms of hormone imbalance and help you select the most appropriate ZRT test profile. Mark the signs and symptoms that are present, problematic, or persist over time.

## CATEGORY 1 | SEX HORMONE IMBALANCE - Recommended: Saliva Profile I

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

## CATEGORY 2 | ADRENAL HORMONE IMBALANCE - Recommended: Adrenal Stress Profile or Cortisol Awakening Response Profile

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

## CATEGORY 3 | THYROID HORMONE IMBALANCE - Recommended: Comprehensive Thyroid Profile

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Brittle nails       | <input type="checkbox"/> Dry skin             | <input type="checkbox"/> Foggy thinking     | <input type="checkbox"/> Inability to lose weight |
| <input type="checkbox"/> Constipation        | <input type="checkbox"/> Elevated cholesterol | <input type="checkbox"/> Headaches          | <input type="checkbox"/> Lack of motivation       |
| <input type="checkbox"/> Decreased erections | <input type="checkbox"/> Fatigue              | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Low libido               |
| <input type="checkbox"/> Depression          | <input type="checkbox"/> Feeling cold         | <input type="checkbox"/> Infertility        | <input type="checkbox"/> Sleep disturbances       |

## CATEGORY 4 | METABOLIC IMBALANCE - Recommended: Weight Management Profile + Thyroid + Cardio

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Diabetes (or family history)             | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Low libido/decreased sexual function | <input type="checkbox"/> Smoking (or history of) |
| <input type="checkbox"/> Elevated cholesterol                     | <input type="checkbox"/> High blood sugar    | <input type="checkbox"/> Low physical activity                | <input type="checkbox"/> Thyroid disorders       |
| <input type="checkbox"/> Fatigue                                  | <input type="checkbox"/> Insulin resistance  | <input type="checkbox"/> Salt/sugar cravings                  | <input type="checkbox"/> Weight gain             |
| <input type="checkbox"/> Heart disease/stroke (or family history) |  |   |  |

## CATEGORY 5 | NEUROTRANSMITTER IMBALANCE - Recommended: NeuroAdvanced Profile

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> ADD/ADHD            | <input type="checkbox"/> Apathy                   | <input type="checkbox"/> Difficulty Sleeping | <input type="checkbox"/> Methylation deficits |
| <input type="checkbox"/> Addictive behaviors | <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Eating disorders    | <input type="checkbox"/> OCD                  |
| <input type="checkbox"/> Aggressive behavior | <input type="checkbox"/> Depressed                | <input type="checkbox"/> Irritable           | <input type="checkbox"/> Panic attacks        |
| <input type="checkbox"/> Anxious/nervous     | <input type="checkbox"/> Developmental delays     | <input type="checkbox"/> Mania               |   |

### For patients whose symptoms span multiple categories:

Categories 1 & 2: Saliva Profile III

Categories 1, 2, & 3: Comprehensive Male Profile I or II

Categories 2 & 5: Adrenal Stress Profile, NeuroAdvanced Profile + Diurnal Cortisol, Norepinephrine & Epinephrine

### Additional Considerations:

Personal or family history of cancer: Estrogen Elite Profile or Basic Metabolites Profile

Disturbed sleep/energy cycles: Sleep Balance Profile