

FEMALE Symptom Checklist

LABORATORY TESTING MADE SIMPLE
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ZRT Laboratory

Use each of the following checklists to determine your symptoms of hormone imbalance and to help you choose the appropriate hormone test profile.

Category 1: **Basic** Hormone Imbalance

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

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Mood swings (PMS) | <input type="checkbox"/> Urinary incontinence | <input type="checkbox"/> Night sweats |
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Cystic ovaries | <input type="checkbox"/> Vaginal dryness | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Heavy menses | <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Depressed mood |
| <input type="checkbox"/> Fibrocystic breasts | <input type="checkbox"/> Irritability | <input type="checkbox"/> Increased body/facial hair | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Thinning skin | <input type="checkbox"/> Uterine fibroids | | <input type="checkbox"/> Bone loss |

Category 2: **Adrenal** Hormone Imbalance

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

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Elevated triglycerides | <input type="checkbox"/> Morning fatigue | <input type="checkbox"/> Bone loss |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Blood sugar imbalance |
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Allergic conditions | <input type="checkbox"/> Autoimmune illness |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Evening fatigue | <input type="checkbox"/> Susceptibility to infections | |

Category 3: **Thyroid** Hormone Imbalance

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Brittle nails | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Dry skin | <input type="checkbox"/> Cold hands and feet | <input type="checkbox"/> Headaches | <input type="checkbox"/> Infertility |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Feeling cold all the time |
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Low libido | <input type="checkbox"/> Inability to lose weight | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Thinning hair | <input type="checkbox"/> Menstrual irregularities | <input type="checkbox"/> Elevated cholesterol |

Category 4: **Cardiometabolic** Risk

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Smoker | <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 35 inches |
| <input type="checkbox"/> Overweight or obese | <input type="checkbox"/> Low physical activity | |

If you checked symptoms in **All four categories**, the suggested test profiles are:

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

BEST: Comprehensive Female Profile I or II (Saliva/Blood Spot) and CardioMetabolic Profile I (Blood)

If you checked symptoms **ONLY in Category 1**, the suggested test profiles are:

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

BEST: Comprehensive Female Profile I or II (Saliva/Blood Spot)

If you checked symptoms **ONLY in Category 2**, the suggested test profiles are:

GOOD: Diurnal Cortisol (Saliva)

BEST: Comprehensive Female Profile I or II (Saliva/Blood Spot)

If you checked symptoms **ONLY in Category 3**, the suggested test profiles are:

GOOD: Complete Thyroid Profile (Blood Spot)

BEST: Comprehensive Female Profile I or II (Saliva/Blood Spot)

If you checked symptoms **ONLY in Category 4**, the suggested test profiles are:

GOOD: CardioMetabolic Profile I (Blood) plus Diurnal Cortisol (Saliva)

BEST: CardioMetabolic Profile I (Blood) plus Female/Male Saliva Profile III (Saliva)