

Category IX			
Cannot fall asleep	0	1	2 3
Perspire easily	0	1	2 3
Under high amounts of stress	0	1	2 3
Weight gain when under stress	0	1	2 3
Wake up tired even after 6 or more hours of sleep	0	1	2 3
Excessive perspiration or perspiration with little or no activity	0	1	2 3
Category X			
Tired, sluggish	0	1	2 3
Feel cold – hands, feet, all over	0	1	2 3
Require excessive amounts of sleep to function properly	0	1	2 3
Increase in weight gain even with low-calorie diet	0	1	2 3
Gain weight easily	0	1	2 3
Difficult, infrequent bowel movements	0	1	2 3
Depression, lack of motivation	0	1	2 3
Morning headaches that wear off as the day progresses	0	1	2 3
Outer third of eyebrow thins	0	1	2 3
Thinning of hair on scalp, face or genitals or excessive falling hair	0	1	2 3
Dryness of skin and/or scalp	0	1	2 3
Mental sluggishness	0	1	2 3
Category XI			
Heart palpitations	0	1	2 3
Inward trembling	0	1	2 3
Increased pulse even at rest	0	1	2 3
Nervous and emotional	0	1	2 3
Insomnia	0	1	2 3
Night sweats	0	1	2 3
Difficulty gaining weight	0	1	2 3
Category XII			
Diminished sex drive	0	1	2 3
Menstrual disorders or lack of menstruation	0	1	2 3
Increased ability to eat sugars without symptoms	0	1	2 3
Category XIII			
Increased sex drive	0	1	2 3
Tolerance to sugars reduced	0	1	2 3
“Splitting” type headaches	0	1	2 3

Category XIV (Males only)			
Urination difficulty or dribbling	0	1	2 3
Urination frequent	0	1	2 3
Pain inside of legs or heels	0	1	2 3
Feeling of incomplete bowel evacuation	0	1	2 3
Leg nervousness at night	0	1	2 3
Category XV (Males only)			
Decrease in libido	0	1	2 3
Decrease in spontaneous morning erections	0	1	2 3
Decrease in fullness of erections	0	1	2 3
Difficulty in maintain morning erections	0	1	2 3
Spells of mental fatigue	0	1	2 3
Inability to concentrate	0	1	2 3
Episodes of depression	0	1	2 3
Muscle soreness	0	1	2 3
Decrease in physical stamina	0	1	2 3
Unexplained weight gain	0	1	2 3
Increase in fat distribution around chest and hips	0	1	2 3
Sweating attacks	0	1	2 3
More emotional than in the past	0	1	2 3
Category XVI (Menstruating Females Only)			
Are you perimenopausal	Yes	No	
Alternating menstrual cycle lengths	Yes	No	
Extended menstrual cycle, greater than 32 days	Yes	No	
Shortened menses, less than every 24 days	Yes	No	
Pain and cramping during periods	0	1	2 3
Scanty blood flow	0	1	2 3
Heavy blood flow	0	1	2 3
Breast pain and swelling during menses	0	1	2 3
Pelvic pain during menses	0	1	2 3
Irritable and depressed during menses	0	1	2 3
Acne break outs	0	1	2 3
Facial hair growth	0	1	2 3
Hair loss/thinning	0	1	2 3
Category XVII (Menopausal Females Only)			
How many years have you been menopausal?			
Since menopause, do you ever have uterine bleeding?	Yes	No	
Hot flashes	0	1	2 3
Mental fogginess	0	1	2 3
Disinterest in sex	0	1	2 3
Mood swings	0	1	2 3
Depression	0	1	2 3
Painful intercourse	0	1	2 3
Shrinking breasts	0	1	2 3
Facial hair growth	0	1	2 3
Acne	0	1	2 3
Increased vaginal pain, dryness or itching	0	1	2 3

How many alcohol beverages do you consume per week? _____

How many times do you eat out per week? _____

How many times a week do you eat fish? _____

List the three worst foods you eat during the average week: _____, _____, _____

List the three healthiest foods you eat during the average week: _____, _____, _____

Do you smoke? _____ If yes, how many times a day: _____

Rate your stress levels on a scale of 1-10 during the average week: _____

Please list any medications you currently take and for what conditions:

Please list any natural supplements you currently take and for what conditions:
