

# Symptom Checklist for WOMEN

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

## Category 1: Basic Hormone Imbalance

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

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

## Category 2: Adrenal Hormone Imbalance

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

<input type="checkbox"/> Aches and pains	<input type="checkbox"/>	<input type="checkbox"/> Weight gain	<input type="checkbox"/>	<input type="checkbox"/> Morning fatigue	<input type="checkbox"/>	<input type="checkbox"/> Food cravings
<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/>	<input type="checkbox"/> Depression	<input type="checkbox"/>	<input type="checkbox"/> Anxiety	<input type="checkbox"/>	<input type="checkbox"/> Susceptibility to infections
<input type="checkbox"/> Chronic health problems	<input type="checkbox"/>	<input type="checkbox"/> Evening fatigue	<input type="checkbox"/>	<input type="checkbox"/> Allergies	<input type="checkbox"/>	<input type="checkbox"/> Autoimmune diseases
<input type="checkbox"/> Low blood sugar	<input type="checkbox"/>	<input type="checkbox"/> History of steroid usage	<input type="checkbox"/>	<input type="checkbox"/> Bone loss	<input type="checkbox"/>	<input type="checkbox"/> Diabetes/prediabetes

## Category 3: Thyroid Hormone Imbalance

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

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

## Category 4: Cardiometabolic Risk

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

<input type="checkbox"/> History of smoking	<input type="checkbox"/>	<input type="checkbox"/> Weight gain	<input type="checkbox"/>	<input type="checkbox"/> Heart disease or family history of heart disease
<input type="checkbox"/> High blood sugar	<input type="checkbox"/>	<input type="checkbox"/> Sugar cravings	<input type="checkbox"/>	<input type="checkbox"/> Diabetes or family history of diabetes
<input type="checkbox"/> High blood pressure	<input type="checkbox"/>	<input type="checkbox"/> Fatigue	<input type="checkbox"/>	<input type="checkbox"/> Waist size greater than 35 inches
	<input type="checkbox"/>	<input type="checkbox"/> Low physical activity	<input type="checkbox"/>	<input type="checkbox"/> Elevated triglycerides

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

**MINIMUM:** [ZRT Female 10 Hormone Imbalance Blood Home Test Kit](#)  
**PREFERRED:** [ZRT Female 12 Hormone Imbalance Home Test Kit\(Saliva/Blood Spot\)](#), [ZRT Female 13 Hormone Imbalance Home Test Kit\(Saliva/Blood Spot\)](#) and [ZRT CardioMetabolic Profile](#) (Blood Spot)

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

**MINIMUM:** [ZRT Female 6 Hormone Imbalance Blood Home Test Kit](#) or [ZRT 3 Hormone Imbalance Saliva Home Test Kit](#)  
**PREFERRED:** [ZRT Female 12 Hormone Imbalance Home Test Kit\(Saliva/Blood Spot\)](#), [ZRT Female 13 Hormone Imbalance Home Test Kit\(Saliva/Blood Spot\)](#)

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

**MINIMUM:** [ZRT Adrenal Stress Profile Hormone Imbalance Saliva Home Test Kit](#)  
**PREFERRED :** [ZRT Female 12 Hormone Imbalance Home Test Kit\(Saliva/Blood Spot\)](#), [ZRT Female 13 Hormone Imbalance Home Test Kit\(Saliva/Blood Spot\)](#)

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

**MINIMUM:** [ZRT Thyroid Hormone Imbalance Blood Home Test Kit](#)  
**PREFERRED:** [ZRT Female 12 Hormone Imbalance Home Test Kit\(Saliva/Blood Spot\)](#), [ZRT Female 13 Hormone Imbalance Home Test Kit\(Saliva/Blood Spot\)](#)  
 OR [Comprehensive Thyroid Profile \(Blood Spot/Dried Urine\)](#) plus [ZRT 8 Hormone Imbalance Saliva Home Test Kit](#)

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

**MINIMUM:** [ZRT CardioMetabolic Profile](#) (Blood Spot)  
**PREFERRED:** [ZRT CardioMetabolic Profile](#) (Blood Spot) plus [ZRT 8 Hormone Imbalance Saliva Home Test Kit](#)



# Symptom Checklist for MEN

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

## Category 1: Basic Hormone Imbalance

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

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

## Category 2: Adrenal Hormone Imbalance

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

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

## Category 3: Thyroid Hormone Imbalance

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

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

## Category 4: Cardiometabolic Risk

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

<input type="checkbox"/> History of smoking	<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 40 inches
<input type="checkbox"/> Low physical activity	<input type="checkbox"/> Elevated triglycerides	

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

**MINIMUM:** [ZRT Male 10 Hormone Imbalance Blood Home Test Kit](#)

**PREFERRED:** [ZRT Male 12 Hormone Imbalance Home Test Kit \(Saliva/Blood Spot\)](#), [ZRT Male 13 Hormone Imbalance Home Test Kit \(Saliva/Blood Spot\)](#) and [ZRT CardioMetabolic Profile \(Blood Spot\)](#)

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

**MINIMUM:** [ZRT Male 6 Hormone Imbalance Blood Home Test Kit](#) or [ZRT 3 Hormone Imbalance Saliva Home Test Kit](#)

**PREFERRED:** [ZRT Male 12 Hormone Imbalance Home Test Kit \(Saliva/Blood Spot\)](#), [ZRT Male 13 Hormone Imbalance Home Test Kit \(Saliva/Blood Spot\)](#)

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

**MINIMUM:** [ZRT Adrenal Stress Profile Hormone Imbalance Saliva Home Test Kit](#)

**PREFERRED:** [ZRT Male 12 Hormone Imbalance Home Test Kit \(Saliva/Blood Spot\)](#), [ZRT Male 13 Hormone Imbalance Home Test Kit \(Saliva/Blood Spot\)](#)

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

**MINIMUM:** [ZRT Thyroid Hormone Imbalance Blood Home Test Kit](#)

**PREFERRED:** [ZRT Male 12 Hormone Imbalance Home Test Kit \(Saliva/Blood Spot\)](#), [ZRT Male 13 Hormone Imbalance Home Test Kit \(Saliva/Blood Spot\)](#) **OR** [Comprehensive Thyroid Profile \(Blood Spot/Dried Urine\)](#) plus [ZRT 8 Hormone Imbalance Saliva Home Test Kit](#)

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

**MINIMUM:** [ZRT CardioMetabolic Profile \(Blood Spot\)](#)

**PREFERRED:** [ZRT CardioMetabolic Profile \(Blood Spot\)](#) plus [ZRT 8 Hormone Imbalance Saliva Home Test Kit](#)

