

Name _____ Date _____

Estrogen Deficiency

SIGNS, SYMPTOMS AND ASSOCIATIONS OF ESTROGEN DEFICIENCY

(Circle any symptoms you have)

Hot flashes	Night sweats	Vaginal dryness
Mood swings (mostly irritability and depression)	Mental fuzziness	Vaginal and/or bladder infections
Incontinence; recurrent urinary tract infections	Vaginal wall thinning	Decreased sexual response
Vision changes	Trouble expressing thought	Memory loss
Low HDL	Decreased menstrual bleeding	Decreased fullness in breast
Wrinkling of skin	Losing track of thoughts	

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Estrogen Dominance

SIGNS, SYMPTOMS AND ASSOCIATIONS OF ESTROGEN DOMINANCE

(Circle any symptoms you have)

Attention Deficit Disorder	Allergies, including asthma, hives, rashes, sinus congestion	Anxiety, often with depression
Breast cancer	Breast tenderness	Autoimmune disorders such as lupus erythematosus and Hashimoto's thyroiditis and possibly Sjorgren's syndrome (dry mouth/dry eyes)
Calcium deposits	Cervical dysplasia (class 3 pap smear)	Cold hands and feet
Craving of sweets	Decreased sex drive	Depression with anxiety or agitation
Dry eyes	Early onset of menstruation	Endometrial (uterine) cancer
Fat gain, especially around the hips, thighs and back of arms	Fatigue	Fibrocystic breasts
Fluid retention	Gall bladder disease	Good skin
Headaches	Heavy menses	Hypoglycemia
Inability to lose weight	Increased blood clotting (increasing risk of strokes)	Increased HDL
Increased sensitivity to sight, sound or emotion	Infertility	Irritability
Insomnia	Large breast	Loss of scalp hair
Migraines	Mood swings	Palpitations
Panic attacks	Excessive vaginal bleeding	Water retention, bloating
Prostate cancer/enlarged prostate	Sluggish metabolism	PMS
Weight gain	Yeast infections	Symptoms of hypothyroidism with normal thyroid blood test
Insulin resistance or Type II diabetes		

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Growth Hormone Deficiency

SIGNS, SYMPTOMS AND ASSOCIATIONS OF GROWTH HORMONE DEFICIENCY

(Circle any symptoms you have)

Permanent fatigue	Easy exhaustion when physically busy	Poor resistance to stress
Depression	Low resistance when staying up after midnight	Low self esteem
Sense of powerlessness	Poor sociability	Anxiety
Complacency	Emotional instability	Grumpy
Sagging cheeks	Wrinkled face	Pouches under the eyes
Loose skin folds under the chin	Drooping triceps	Floppy belly
Poor muscle tone	Wrinkled hands	Fatty cushions above the knees
Thinned skin or sagging skin	Obesity	Thin hair
Thin lips	Receding gum line	Trouble losing weight
Age over 40	Can't gain muscle with exercise	Feel old

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Hypothyroidism

SIGNS AND SYMPTOMS RELATED TO HYPOTHYROIDISM

Dry hair or hair loss	Constipation	Heavy menstrual periods
Milky discharge from breasts	Joint aches and Pains	Sweating less
Brittle nails	Hoarse voice	Muscle cramps
Tingling or numbness in fingers or feet	Dry skin	Hearing becoming worse
Puffy eyes and face	Slow heartbeat	Cold intolerance
Experiencing stiffness	Weight gain of more than 5 lbs.	Feeling more fatigued
Skin becoming more coarse	Dry eyes/dry mouth	Baggy eyelids
Shortness of breath during mild exertion	Slow speech and movement	Sleep apnea
Low blood pressure	Decrease in memory	Problems swallowing
Carpal tunnel syndrome	Headaches and migraines	Uterine fibroids
Exaggerated PMS/menopause symptoms	Yellow skin in palms	Scalloped tongue
Increased cholesterol/triglycerides/LDL	Cold hands/feet	Yeast infections
Loss of outside 1/3 of eyebrows	Depression/Anxiety	Swelling of hands and feet
Infertility	Slow thinking	Miscarriages
Autoimmune disease (Rheumatoid Arthritis, Lupus, Crohn's, etc.)	Reliance on coffee or other stimulants	Low sex drive
Lumps in breast	Gum problems	Anemia
Redness in face with exercise	Raynaud's syndrome (Pain and blueing of fingers with exposure to cold)	Tongue biting
Tendonitis/Tennis elbow	Low endurance	Thick tongue
No energy for evening activities	Throat clearing	Cracking in skin of heels
Diabetes	Alopecia (patches of hair loss)	Premature graying of hair
Stroke	Blocked arteries	Polymyalgia
Vitiligo (loss of skin pigment)	High blood pressure	Low HDL
Manic depression	Dyslexia	Inability to lose weight with diet and exercise
Attention deficit disorder	Melasma (discoloration in face)	Excess ear wax
Oral temperature consistently below 98.5	Neck injury i.e. whiplash	Ligament tears
Family history of hypothyroidism or hyperthyroidism	Chronic infections	Skin problems (hives, psoriasis, eczema)
Post partum depression		

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Low Adrenals

SIGNS, SYMPTOMS AND ASSOCIATIONS OF LOW ADRENALS

(Circle any symptoms you have)

Infertility	Allergies or asthma that started as an adult	Joint pain
Frequent infections	Chronic fatigue	Fibromyalgia
Hypoglycemia (low blood sugar episodes)	Cravings for sweets	Shakiness relieved by eating
Dizziness	Moodiness	Recurrent infections that take a long time to resolve
A lot of stress in your life before your symptoms began	Low blood pressure	Dizziness upon first standing
Food craving or sensitivities	Post partum depression	Depression
PMS	Poor perspiration	Poor concentration
Irritability		

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Progesterone Deficiency

SIGNS, SYMPTOMS AND ASSOCIATIONS OF PROGESTERONE DEFICIENCY

(Circle any symptoms you have)

Abdominal bloating or swelling	Acne	Angry outbursts
Anxiety	Appetite changes, decreased/increased	Asthmatic attacks
Avoidance of social activities	Backache	Bladder irritation
Bleeding gums	Breast swelling/tenderness	Bruising
Clumsiness	Confusion	Conjunctivitis
Constipation	Cramps	Craving salty foods
Craving sweet foods	Crying spells	Decreased hearing
Decreased productivity at school or work	Decreased sex drive	Depression
Distractibility	Dizziness	Drowsiness
Dull abdominal pain	Eye pain	Facial swelling
Fatigue	Fear of going out alone (agoraphobia)	Fear of losing control
Finger swelling	Food sensitivity	Forgetfulness
Generalized aches and pains	Headaches	Herpes (cold sores)
Hives or rashes	Hot flashes	Increased alcohol consumption
Increased sensitivity to light	Increased sensitivity to noise	Inefficiency
Indecision	Insomnia	Irritability
Joint pains	Leg cramps	Leg swelling
Mood swings	Mouth sores	Muscle aches or tenderness
Nausea	Palpitations	Panic attacks
Poor coordination	Poor judgment	Poor memory
Post partum depression	Restlessness	ringing in ears
Runny nose	Seizures	Sinusitis
Sore throat	Spots in front of eyes	Suspiciousness
Tearfulness	Tension	Tingling in hands and feet
Tremors	Visual changes	Vomiting

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Testosterone Deficiency

SIGNS, SYMPTOMS AND ASSOCIATIONS OF TESTSOTERONE DEFICIENCY

(Circle any symptoms you have)

Overall decreased sexual desire	Diminished vital energy and sense of well-being	Decreased sensitivity to sexual stimulation in the clitoris
Decreased sensitivity to sexual stimulation in the nipples	Overall decreased arousability and capacity for orgasm	Thinning and loss of pubic hair
Osteoporosis	Depression	Decreased morning erections
Decrease in stiffness of erections	Difficulty maintaining erections	Mental fatigue
Complacency	Loss of initiative	Decreased interest in hobbies
Crying spells	Poor muscle tone	Inability to grow muscle
Poor stamina	High cholesterol	Increased breast tissue in males
Night sweats	Poor memory	Decreased sexual thoughts

This survey asks about your eating habits in the past year. People sometimes have difficulty controlling their intake of certain foods such as:

- Sweets like ice cream, chocolate, doughnuts, cookies, cake, candy, ice cream
- Starches like white bread, rolls, pasta, and rice
- Salty snacks like chips, pretzels, and crackers
- Fatty foods like steak, bacon, hamburgers, cheeseburgers, pizza, and French fries
- Sugary drinks like soda pop

When the following questions ask about “CERTAIN FOODS” please think of ANY food similar to those listed in the food group or ANY OTHER foods you have had a problem with in the past year

IN THE PAST 12 MONTHS:	Never	Once a month	2-4 times a month	2-3 times a week	4 or more times or daily
1. I find that when I start eating certain foods, I end up eating much more than planned	0	1	2	3	4
2. I find myself continuing to consume certain foods even though I am no longer hungry	0	1	2	3	4
3. I eat to the point where I feel physically ill	0	1	2	3	4
4. Not eating certain types of food or cutting down on certain types of food is something I worry about	0	1	2	3	4
5. I spend a lot of time feeling sluggish or fatigued from overeating	0	1	2	3	4
6. I find myself constantly eating certain foods throughout the day	0	1	2	3	4
7. I find that when certain foods are not available, I will go out of my way to obtain them. For example, I will drive to the store to purchase certain foods even though I have other options available to me at home.	0	1	2	3	4
8. There have been times when I consumed certain foods so often or in such large quantities that I started to eat food instead of working, spending time with my family or friends, or engaging in other important activities or recreational activities I enjoy.	0	1	2	3	4
9. There have been times when I consumed certain foods so often or in such large quantities that I spent time dealing with negative feelings from overeating instead of working, spending time with my family or friends, or engaging in other important activities or recreational activities I enjoy.	0	1	2	3	4
10. There have been times when I avoided professional or social situations where certain foods were available, because I was afraid I would overeat.	0	1	2	3	4
11. There have been times when I avoided professional or social situations because I was not able to consume certain foods there.	0	1	2	3	4
12. I have had withdrawal symptoms such as agitation, anxiety, or other physical symptoms when I cut down or stopped eating certain foods. (Please do NOT include withdrawal symptoms caused by cutting down on caffeinated beverages such as soda pop, coffee, tea, energy drinks, etc.)	0	1	2	3	4
13. I have consumed certain foods to prevent feelings of anxiety, agitation, or other physical symptoms that were developing. (Please do NOT include consumption of caffeinated beverages such as soda pop, coffee, tea, energy drinks, etc.)	0	1	2	3	4
14. I have found that I have elevated desire for or urges to consume certain foods when I cut down or stop eating them.	0	1	2	3	4
15. My behavior with respect to food and eating causes significant distress.	0	1	2	3	4
16. I experience significant problems in my ability to function effectively (daily routine, job/school, social activities, family activities, health difficulties) because of food and eating.	0	1	2	3	4

IN THE PAST 12 MONTHS:	NO	YES
17. My food consumption has caused significant psychological problems such as depression, anxiety, self-loathing, or guilt.	0	1
18. My food consumption has caused significant physical problems or made a physical problem worse.	0	1
19. I kept consuming the same types of food or the same amount of food even though I was having emotional and/or physical problems.	0	1
20. Over time, I have found that I need to eat more and more to get the feeling I want, such as reduced negative emotions or increased pleasure.	0	1
21. I have found that eating the same amount of food does not reduce my negative emotions or increase pleasurable feelings the way it used to.	0	1
22. I want to cut down or stop eating certain kinds of food.	0	1
23. I have tried to cut down or stop eating certain kinds of food.	0	1
24. I have been successful at cutting down or not eating these kinds of food	0	1

25. How many times in the past year did you try to cut down or stop eating certain foods altogether?	1 time	2 times	3 times	4 times	5 or more times
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26. Please circle ALL of the following foods you have problems with:

Ice cream	Chocolate	Apples	Doughnuts	Broccoli	Cookies	Cake	Candy
White Bread	Rolls	Lettuce	Pasta	Strawberries	Rice	Crackers	Chips
Pretzels	French Fries	Carrots	Steak	Bananas	Bacon	Hamburgers	Cheese burgers
Pizza	Soda Pop	None of the above					

27. Please list any other foods that you have problems with that were not previously listed:

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Yeast Overgrowth

SIGNS, SYMPTOMS AND ASSOCIATIONS OF YEAST OVERGROWTH

HISTORY:

(Answer Yes or No)

- ___ Have you taken tetracyclines or other antibiotics for acne for 1 month or longer?
- ___ Have you at any time in your life taken broad-spectrum antibiotics or other antibacterial medication for respiratory, urinary or other infections for 2 months or longer, or in shorter courses, 4 or more times in a 1-year period?
- ___ Have you taken a broad-spectrum antibiotic drug – even in a single dose?
- ___ Have you at any time in your life been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs?
- ___ Are you bothered by memory or concentration problems – do you sometimes feel spaced out?
- ___ Do you feel “sick all over” yet, despite visits to many different physicians, the causes haven’t been found?
- ___ Have you been pregnant?
- ___ Have you taken birth control pills?
- ___ Have you taken steroids orally, by injection or inhalation?
- ___ Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke symptoms?
- ___ Does tobacco smoke really bother you?
- ___ Are your symptoms worse on damp, muggy days or in moldy places?
- ___ Have you had athlete’s foot, ring worm, “jock itch” or other chronic fungus infections of the skin or nails?
- ___ Do you crave sugar?

Check the following symptoms you have:

- | | |
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| ___ Fatigue or lethargy | ___ Prostatitis |
| ___ Feeling of being “drained” | ___ Impotence |
| ___ Depression or manic depression | ___ Loss of sexual desire or feeling |
| ___ Numbness, burning or tingling | ___ Endometriosis or infertility |
| ___ Muscle aches | ___ Cramps and/or other menstrual irregularities |
| ___ Muscle weakness or paralysis | ___ Premenstrual tension |
| ___ Pain and/or swelling in joints | ___ Attacks of anxiety or crying |
| ___ Headache | ___ Cold hands or feet, low body temperature |
| ___ Abdominal pain | ___ Hypothyroidism |
| ___ Constipation and/or diarrhea | ___ Shaking or irritable when hungry |
| ___ Bloating, belching or intestinal gas | ___ Cystitis or interstitial cystitis |

- | | |
|--|---|
| <input type="checkbox"/> Troublesome vaginal burning, itching or discharge | <input type="checkbox"/> Drowsiness, including inappropriate drowsiness |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Incoordination |
| <input type="checkbox"/> Frequent mood swings | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Dizziness/loss of balance | <input type="checkbox"/> Pressure above ears...feeling of head swelling |
| <input type="checkbox"/> Sinus problems...tenderness of cheekbones or forehead | <input type="checkbox"/> Tendency to bruise easily |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Itching eyes |
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Chronic hives (urticaria) |
| <input type="checkbox"/> Indigestion or heartburn | <input type="checkbox"/> Sensitivity to milk, wheat, corn or other common foods |
| <input type="checkbox"/> Mucus in stools | <input type="checkbox"/> Rectal itching |
| <input type="checkbox"/> Dry mouth or throat | <input type="checkbox"/> Mouth rashes, including "white" tongue |
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Foot, hair or body odor not relieved by washing |
| <input type="checkbox"/> Nasal congestion or postnasal drip | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Laryngitis, loss of voice | <input type="checkbox"/> Cough or recurrent bronchitis |
| <input type="checkbox"/> Pain or tightness in chest | <input type="checkbox"/> Wheezing or shortness of breath |
| <input type="checkbox"/> Urinary frequency or urgency | <input type="checkbox"/> Burning on urination |
| <input type="checkbox"/> Spots in front of eyes or erratic vision | <input type="checkbox"/> Burning or tearing eyes |
| <input type="checkbox"/> Recurrent infections or fluid in ears | <input type="checkbox"/> Ear pain or deafness |