

Female - Review of Symptoms

Androgen Deficiency

- | | |
|---|---|
| <input type="checkbox"/> Decreased Libido | <input type="checkbox"/> Decreased Ability to Play Sports |
| <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Decreased Strength/Energy |
| <input type="checkbox"/> Lack of Energy | <input type="checkbox"/> Sad, Grumpy or Moody |
| <input type="checkbox"/> Decreased Muscle Mass | <input type="checkbox"/> Problems with Memory/Concentration |
| <input type="checkbox"/> Recent Deterioration of Work Performance | <input type="checkbox"/> Fall Asleep After Dinner |

Thyroid

- | | |
|---|---|
| <input type="checkbox"/> Feeling Worn Out | <input type="checkbox"/> Gaining Weight |
| <input type="checkbox"/> Trouble Concentrating or Remembering | <input type="checkbox"/> Feeling Down or Depressed |
| <input type="checkbox"/> Itchy and Dry Skin | <input type="checkbox"/> Weakness and Aches in Muscles and Joints |
| <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Inability to Lose Weight |
| <input type="checkbox"/> Feeling Cold | <input type="checkbox"/> Constipation |

Sexual Function

1. In the past, was your level of sexual desire or interest good and satisfying to you? Yes No
2. Has there been a decrease in your level of sexual desire or interest? Yes No
3. Are you bothered by your decreased level of sexual desire or interest? Yes No
4. Would you like your level of sexual desire or interest to increase? Yes No
5. Please circle all the factors that you feel may be contributing to your current decrease in sexual desire or interest:
 - a. An operation, depression, injuries, or other medical condition
 - b. Medications, drugs, or alcohol you are currently taking
 - c. Pregnancy, recent childbirth, or menopausal symptoms
 - d. Other sexual issues you may be having (pain, decreased arousal, or orgasm)
 - e. Your partner's sexual problems
 - f. Dissatisfaction with your relationship or partner
 - g. Stress or fatigue

Adrenal Fatigue

There are a large number of other complaints that are associated with Adrenal Fatigue. Many of these are linked directly to one of the more common complaints listed above. Depending on which stage of Adrenal Fatigue you have reached, you may be experiencing a handful or a large number of symptoms.

- | | |
|---|--|
| <input type="checkbox"/> Increased levels of fatigue each day | <input type="checkbox"/> Difficulty getting up in the morning |
| <input type="checkbox"/> Craving for salty foods | <input type="checkbox"/> A weak immune system |
| <input type="checkbox"/> Inability to handle stress | <input type="checkbox"/> Asthma, allergies or respiratory complaints |
| <input type="checkbox"/> Higher energy levels in the evening | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Overuse of stimulants like caffeine | <input type="checkbox"/> Loss of muscle tone |

Leaky Gut

	Yes	No
Chronic Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>
Bloating	<input type="checkbox"/>	<input type="checkbox"/>
Skin rashes	<input type="checkbox"/>	<input type="checkbox"/>
Acne	<input type="checkbox"/>	<input type="checkbox"/>
Rosacea	<input type="checkbox"/>	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis or Joint Pain	<input type="checkbox"/>	<input type="checkbox"/>
Craving for Sugar	<input type="checkbox"/>	<input type="checkbox"/>
Food Sensitivities	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>