

# 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)