

<b>Category IX</b>				
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

<b>Category X</b>				
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

<b>Category XI</b>				
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

<b>Category XII</b>				
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

<b>Category XIII</b>				
Increased sex drive . . . . .	0	1	2	3
Tolerance to sugars reduced . . . . .	0	1	2	3
“Splitting” type headaches . . . . .	0	1	2	3

<b>Category XIV (Males only)</b>				
Urination difficulty or dribbling . . . . .	0	1	2	3
Frequent urination . . . . .	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

<b>Category XV (Males only)</b>				
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

<b>Category XVI (Menstruating Females Only)</b>				
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 breakouts . . . . .	0	1	2	3
Facial hair growth . . . . .	0	1	2	3
Hair loss/thinning . . . . .	0	1	2	3

<b>Category XVII (Menopausal Females Only)</b>				
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 alcoholic 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: \_\_\_\_\_

How many caffeinated beverages do you consume per day? \_\_\_\_\_

How many times a week do you eat raw nuts or seeds? \_\_\_\_\_

How many times a week do you workout? \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_