

HORMONE SYMPTOMS BY CATEGORY FOR MEN

Check which of these symptoms are troublesome and persist over time. One or more symptoms in this category are a strong indication that you need to test **Estrogen (Estradiol)** and **Progesterone**.

Estrogen/Progesterone Deficiency	Estrogen Dominance/Progesterone Deficiency
<input type="checkbox"/> Hot Flashes <input type="checkbox"/> Night Sweats <input type="checkbox"/> Depressed <input type="checkbox"/> Sleep disturbances <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Bone loss <input type="checkbox"/> Neck or back pain	<input type="checkbox"/> Increased Urinary Urge <input type="checkbox"/> Decreased Urinary Flow <input type="checkbox"/> Prostate Problems <input type="checkbox"/> Decreased Libido <input type="checkbox"/> Irritable <input type="checkbox"/> Weight gain-hips <input type="checkbox"/> Cold body temperature

Check which of these symptoms are troublesome and persist over time. One or more symptoms in this category are a strong indication that you need to test **Testosterone** and **DHEA-S**.

Androgen Excess	Androgen Deficiency	
<input type="checkbox"/> Difficulty Sleeping <input type="checkbox"/> Aggressive Behavior <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Acne <input type="checkbox"/> Weight Gain/hips <input type="checkbox"/> Irritable <input type="checkbox"/> Aggressive Behavior <input type="checkbox"/> Oily Skin or Hay <input type="checkbox"/> anxious <input type="checkbox"/> Nervous	<input type="checkbox"/> Low Libido <input type="checkbox"/> Weight gain/Hips <input type="checkbox"/> Fatigue-Evening/morning <input type="checkbox"/> Increase in Joint pain <input type="checkbox"/> Memory lapses <input type="checkbox"/> Decreased Stamina <input type="checkbox"/> Decreased Flexibility <input type="checkbox"/> Depressed <input type="checkbox"/> Rapid aging <input type="checkbox"/> Decreased muscle size <input type="checkbox"/> Bone loss <input type="checkbox"/> Increased Joint pain <input type="checkbox"/> Sore muscles <input type="checkbox"/> Irritable <input type="checkbox"/> Cold Body Temperature <input type="checkbox"/> Decreased Urinary flow <input type="checkbox"/> Hot flashes	<input type="checkbox"/> Thinning skin <input type="checkbox"/> Headaches <input type="checkbox"/> Neck/Back Pain <input type="checkbox"/> Allergies <input type="checkbox"/> Increased Triglycerides <input type="checkbox"/> Apathy <input type="checkbox"/> Burned out feeling <input type="checkbox"/> Prostate Problems <input type="checkbox"/> Decreased Erections <input type="checkbox"/> Heart Palpitations <input type="checkbox"/> Mental Fatigue <input type="checkbox"/> Decreased Mental Sharpness <input type="checkbox"/> Stress <input type="checkbox"/> Night Sweats <input type="checkbox"/> Increased Urinary urge <input type="checkbox"/> Ringing in the ears

Check which of these symptoms are troublesome and persist over time. One or more symptoms in this category are a strong indication that you need to test **Cortisol** for adrenal function.

Cortisol Excess		Cortisol Deficiency	
<input type="checkbox"/> Sleep disturbances <input type="checkbox"/> Decreased Erections <input type="checkbox"/> Stress <input type="checkbox"/> Weight gain-waist <input type="checkbox"/> Loss of muscle mass <input type="checkbox"/> Thinning skin <input type="checkbox"/> Rapid aging <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Decreased Libido <input type="checkbox"/> Anxious <input type="checkbox"/> Decreased Mental sharpness <input type="checkbox"/> Depressed	<input type="checkbox"/> Bone Loss <input type="checkbox"/> Increased forgetfulness <input type="checkbox"/> Nervous <input type="checkbox"/> Night sweats/hot flashes <input type="checkbox"/> Cold Body Temperature <input type="checkbox"/> Sugar Craving <input type="checkbox"/> Elevated Triglycerides	<input type="checkbox"/> Fatigue AM/PM <input type="checkbox"/> Sugar craving <input type="checkbox"/> Allergies <input type="checkbox"/> Chemical sensitivity <input type="checkbox"/> Stress <input type="checkbox"/> Cold body temperature <input type="checkbox"/> Slow Pulse Rate <input type="checkbox"/> Decreased Stamina <input type="checkbox"/> Infertility Problems <input type="checkbox"/> Decreased Mental Sharpness <input type="checkbox"/> Low blood pressure <input type="checkbox"/> Low blood sugar <input type="checkbox"/> Increased Joint pain	<input type="checkbox"/> Swelling or Puffy Eyes or Face <input type="checkbox"/> Neck/Back Pain <input type="checkbox"/> Irritability <input type="checkbox"/> Mental Fatigue <input type="checkbox"/> Depressed <input type="checkbox"/> Dizziness <input type="checkbox"/> Apathy <input type="checkbox"/> Burned out feeling

HORMONE SYMPTOMS BY CATEGORY

Check which of these symptoms are troublesome and persist over time. One or more symptoms in this category are a strong indication that you need to test for **Thyroid dysfunction** by testing fT4, fT3, TSH, and TPO

Thyroid Deficiency

- | | |
|---|--|
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Elevated Triglycerides |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Hair dry or brittle |
| <input type="checkbox"/> Decreased Stamina | <input type="checkbox"/> Nails breaking or brittle |
| <input type="checkbox"/> Decreased Libido | <input type="checkbox"/> Goiter |
| <input type="checkbox"/> Mental Fatigue | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Ringing in Ears | <input type="checkbox"/> heart palpitations |
| <input type="checkbox"/> Cold Body Temperature | <input type="checkbox"/> headache |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> High cholesterol | |
| <input type="checkbox"/> Increased Joint pain | |
| <input type="checkbox"/> Infertility problems | |
| <input type="checkbox"/> Swelling/puffy eyes/face | |
| <input type="checkbox"/> Hoarseness | |
| <input type="checkbox"/> Slow pulse rate | |
| <input type="checkbox"/> Decreased sweating | |
| <input type="checkbox"/> Fatigue AM/PM | |

Check which of these symptoms are troublesome or persist over time. Two or more symptoms are an indication of **Metabolic Syndrome**, a risk factor for obesity and diabetes.

- | | |
|---|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Heart disease or family history of heart disease |
| <input type="checkbox"/> Weight gain/waist | <input type="checkbox"/> Diabetes or family history of diabetes |
| <input type="checkbox"/> Elevated triglycerides | <input type="checkbox"/> Decreased Muscle size |
| <input type="checkbox"/> Sore muscles | <input type="checkbox"/> Numbness hands/feet |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Sugar cravings |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Decreased erections |



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