

Name _____

DOB _____

Male

Low Testosterone Questionnaire

This questionnaire lists symptoms and other factors most commonly found in men suffering from low testosterone. By answering this questionnaire, your scores will determine whether or not you might have low testosterone. If you answer yes to any of the questions listed, please **circle** the number to the right of the question and total your score separately at the bottom of each table.

Do you have fatigue?	2
Do you have a lack of drive?	3
Do you lack initiative?	3
Are you less assertive?	3
Do you have a decline in your sense of wellbeing?	2
Do you have depressed moods?	2
Are you frequently irritable?	2
Has your self-confidence declined?	2
Do you find it difficult to set goals?	2
Do you have a difficult time making decisions?	2
Have you had a decline in your mental sharpness?	2
Has your stamina and endurance lessened?	2
Have you lost muscle mass, strength or tone?	4
Have you gained body fat around your waist?	2
Do you have elevated cholesterol?	2
Do you have decreased libido?	4
Has your sexual ability declined?	2
Is it difficult to obtain or maintain an erection?	2
Do you have sleep apnea?	2

Total _____

If your total score is **less than 6 points**, it is not likely that you have low testosterone. Scoring **between 7-20 points** indicates low testosterone as a possibility. A score **between 9-20 points** indicates estrogen dominance/progesterone deficiency is likely. A score **above 20 points** would suggest that low testosterone is very likely.

Yeast Overgrowth Questionnaire

This yeast questionnaire lists symptoms and other factors most commonly found in people suffering from **yeast overgrowth**. By answering this questionnaire, your scores will determine whether or not you might have yeast overgrowth. If you answer yes to any of the questions listed, please **circle** the number to the right of the question and total your score separately at the bottom of each table.

Do you have fatigue?	3
Do you feel lethargic?	2
Have you taken antibiotics multiple times during your life?	3
Do you have abdominal bloating, cramping or gas?	3
Do you have indigestion or heartburn?	2
Do you have abnormal bodily reactions to wine, beer or alcoholic beverages (i.e. flushing, headaches, sinus congestion or itchy skin)?	2
Do you crave sugar or bread products?	2
Do you have difficulty concentrating?	1
Do you have depressed moods?	1
Do you develop skin rashes or hives?	2
Do you have athlete's foot?	4
Do you have jock itch?	4
Do you have rectal itching?	3
Do you have fungal infection under the toenails or fingernails?	3
Do you have allergy symptoms?	1
Do you have recurrent respiratory infections?	1
Do you have joint pain?	1
Do you have muscle pain?	1

Total _____

If your score is **less than 9 points**, it is not likely that you have yeast overgrowth. Scoring **between 10-16 points** indicates yeast overgrowth is a possibility. A score **above 16 points** indicates that yeast overgrowth is very likely.

Adrenal Fatigue Questionnaire

This questionnaire lists symptoms and other factors most commonly found in people suffering from adrenal fatigue. By answering this questionnaire, your scores will determine whether or not you might have adrenal fatigue.

Do you have fatigue?	3
Do you have allergies?	3
Do you have asthma?	3
Do you have recurrent infections?	3
Are you under severe emotional stress?	3
Do you suffer from chronic pain or physical?	3
Do you have low blood pressure?	2
Do you have a low pulse rate (less than 70 bpm without exercise)?	2
When you rise quickly, do you feel as though you might pass out?	2
Do you have depressed moods?	2
Do you have joint pain?	2
Do you have muscle pain?	2
Do you have low libido?	2
Do you have hair loss?	2
Do you have anxiety attacks?	2

Total _____

If your total score is **less than 6 points**, it is not likely that you have adrenal fatigue. Scoring **between 7-12 points** indicates adrenal fatigue is a possibility. A score **above 12 points** would suggest that adrenal fatigue is very likely.

Low Thyroid Questionnaire

This questionnaire lists symptoms and other factors most commonly found in people suffering from low thyroid or hyperthyroidism. By answering this questionnaire, your scores will determine whether or not you might have low thyroid. If you answer yes to any of the questions listed, please **circle** the number to the right of the question and total your score separately at the bottom of each table.

Do you have fatigue?	4
Do you have elevated cholesterol?	4
Do you have difficulty losing weight?	2
Do you have cold hands and feet?	2
Are you sensitive to the cold?	2
Do you have difficulty thinking?	2
Do you find it hard to concentrate?	2
Do you experience brain fog?	2
Do you have poor short term memory?	2
Are your moods depressed?	2
Are you experiencing hair loss?	2
Do you have less than one bowel movement per day?	2
Do you have dry skin?	2
Does your skin itch in the winter?	1
Do you have fluid retention?	2
Do you have recurrent headaches?	1
Do you sleep restlessly?	1
Are you tired when you awaken?	2
Do you have afternoon fatigue?	2
Do you have experience tingling or numbness in your hand or feet?	2
Do you have decreased sweating?	2
Have you had problems with infertility or miscarriages?	2
Do you have recurrent infections?	2
Do your muscles ache?	2
Do you have joint pain?	2
Do you have thinning of your eyebrows or eyelashes?	2
Is your tongue enlarged with teeth indentations?	2
Is your skin pasty, puffy or pale?	2
Do you have decreased body hair?	2
Is your voice hoarse?	1
Do you have a slow pulse?	2
Do you have a low blood pressure?	2
Does your body temperature run below the normal 98.6?	4
Do you have sleep apnea?	2

Total _____

If your total score is **less than 10 points**, it is not likely that you have low thyroid. Scoring **between 11-30 points** indicates low thyroid as a possibility. A score **above 30 points** would suggest that low thyroid is very likely.