

Low Thyroid Questionnaire

Please place the point value in the "Yes" column next to any questions to which your answer is 'yes'
Points will be totaled for you at the bottom of each questionnaire.

QUESTIONS	YES	NO	POINTS
Do you have fatigue?			4
Do you feel lethargic?			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 tingling/numbness in your hands/feet?			2
Do you have decreased sweating?			2
Have you had problems with infertility/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 low blood pressure?			2
Does your body temperature run below 98.6°?			4
Do you have sleep apnea?			2

Total: 0

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 is a possibility. A score
above 30 points would suggest that low thyroid is very likely.

Low Testosterone Questionnaire

Please place an "X" in the respective "YES" or "NO" column to answer each question, then total up your points and write in at the bottom.

QUESTIONS	YES	NO	POINTS
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 well being?			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 or 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
Has your libido decreased?			4
Has your sexual ability declined?			2
Is it difficult to obtain or maintain an erection?			2
Do you have sleep apnea?			2

Total: 0

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 above 20 points would suggest that low testosterone is very likely.

Adrenal Fatigue Questionnaire

Please place an "X" in the respective "YES" or "NO" column to answer each question, then total up your points and write in at the bottom.

Questions	YES	NO	POINTS
Do you 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 stress?			3
Do you have low blood pressure?			2
Do you have a low pulse rate (lower than 70 bpm)?			2
When you rise quickly, do you feel faint?			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: 0

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.

Allergy Questionnaire

Please place an "X" in the respective "YES" or "NO" column to answer each question, then total up your points and write in at the bottom.

QUESTIONS	YES	NO	POINTS
Do you have fatigue?			3
Do you have frequent headaches?			2
Do you sneeze, have post nasal drainage, or itchy nose?			4
Do you have frequent colds?			2
Do you experience dizziness?			4
Do you get sinus infections every year?			1
Do your eyes itch, water, get red, or swell?			4
Do you have recurrent ear infections?			2
Do you have wheezing, tightness in the chest, or chronic cough?			4
Do you have skin problems (eczema, rashes, hives)?			3
Do you have indigestion, bloating, diarrhea/constipation?			1
Do your symptoms worsen during a particular season?			4
Do your symptoms change if you're indoors/outdoors?			3
Are your symptoms worse in parks or grassy areas?			4
Are your symptoms worse in bed when lying down?			2
Do you awaken in the middle of the night congested?			2
Are your symptoms worse when you're around dust?			4
Are your symptoms worse around animals?			2
Do you have any blood relatives with allergies?			2
Do you have mood swings/depression for no particular reason?			1
Do you have recurrent yeast infections, jock itch, athlete's foot, or fungus under your toenails?			2
Do you develop symptoms after eating/drinking certain foods?			2
Do you sometimes feel hyperactive or fatigued after meals?			2
Do you have dark circles under your eyes?			2
Do you have a crease across the bridge of your nose?			2

Total: 0

If your score is **less than 8 points**, it is not likely that you have allergies. Scoring between **9-12 points** indicates allergy as a possibility. A score between **13 and 30 points** means that allergy is probable, while scoring **over 30 points** would suggest

that allergy is very likely.

Yeast Overgrowth Questionnaire

Please place an "X" in the respective "YES" or "NO" column to answer each question, then total up your points and write in at the bottom.

QUESTIONS	YES	NO	POINTS
Do you have fatigue?			3
Do you feel lethargic?			2
Have you taken antibiotics multiple times in 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, such as 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 fungus under 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: 0

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** would suggest that yeast overgrowth is very likely.