

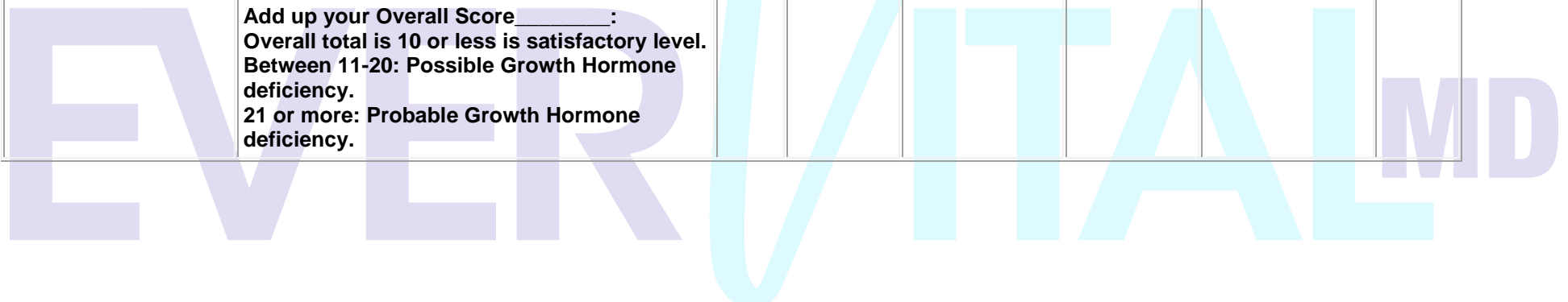
# Hormone Deficiency Tests

| ESTROGEN   |  |       |           |           |       |            |  |
|--|--|-------|-----------|-----------|-------|------------|--|
|  | SIGNS & SYMPTOMS   | NEVER | SOMETIMES | REGULARLY | OFTEN | CONSTANTLY |  |
| 1  | I am losing hair on top of my head.  | 0     | 1         | 2         | 3     | 4          |  |
| 2  | I'm getting thin, vertical wrinkles above my lips.   | 0     | 1         | 2         | 3     | 4          |  |
| 3  | My breasts are droopy.   | 0     | 1         | 2         | 3     | 4          |  |
| 4  | My face is too hairy.  | 0     | 1         | 2         | 3     | 4          |  |
| 5  | My eyes are dry and easily irritated.  | 0     | 1         | 2         | 3     | 4          |  |
| 6  | I have hot flashes.  | 0     | 1         | 2         | 3     | 4          |  |
| 7  | I feel tired constantly.   | 0     | 1         | 2         | 3     | 4          |  |
| 8  | I am depressed.  | 0     | 1         | 2         | 3     | 4          |  |
| 9  | My menstrual flow is light. (0=moderate/1-3=low/4=none)                                    | 0     | 1         | 2         | 3     | 4          |  |
| 10   | Women with periods: My cycles are irregular, too short (<27 days), or too long (>31 days). | 0     | 1         | 2         | 3     | 4          |  |
| 11   | Women without periods: I do not feel like making love anymore.                             | 0     | 1         | 2         | 3     | 4          |  |
| <b>Add up your Overall Score_____:</b><br><b>Overall total of 10 or less is satisfactory level.</b><br><b>Between 11-20: Possible Estrogen deficiency.</b><br><b>21 or more: Probable Estrogen deficiency.</b> |  |       |           |           |       |            |  |

| <b>PROGESTERONE</b>  |  |              |                  |                  |              |                   |  |
|--|--|--------------|------------------|------------------|--------------|-------------------|--|
|  | <b>SIGNS &amp; SYMPTOMS</b>  | <b>NEVER</b> | <b>SOMETIMES</b> | <b>REGULARLY</b> | <b>OFTEN</b> | <b>CONSTANTLY</b> |  |
| 1  | My breasts are large.  | 0            | 1                | 2                | 3            | 4                 |  |
| 2  | My close friends complained I'm nervous and agitated.  | 0            | 1                | 2                | 3            | 4                 |  |
| 3  | I feel anxious.  | 0            | 1                | 2                | 3            | 4                 |  |
| 4  | I sleep lightly and restlessly.  | 0            | 1                | 2                | 3            | 4                 |  |
| <b>The following questions are for women who have not yet reached menopause, and menopausal women who are taking hormone replacement therapy (estrogen or estrogen and progesterone)</b> |  |              |                  |                  |              |                   |  |
| 5  | My breasts are swollen and tender or painful before my period...   | 0            | 1                | 2                | 3            | 4                 |  |
| 6  | And my lower belly is swollen  | 0            | 1                | 2                | 3            | 4                 |  |
| 7  | And I'm irritable and aggressive...  | 0            | 1                | 2                | 3            | 4                 |  |
| 8  | And I lose my self-control.  | 0            | 1                | 2                | 3            | 4                 |  |
| 9  | I have heavy periods...  | 0            | 1                | 2                | 3            | 4                 |  |
| 10   | And they are continuously painful.   | 0            | 1                | 2                | 3            | 4                 |  |
| *  | <b>Add up your Overall Score _____ : Post-menopausal women not treated with hormone replacement therapy (estrogen or estrogen and progesterone): 4 or less: Satisfactory level. Between 5 and 8: Possible progesterone deficiency. 9 or more: Probable progesterone deficiency.</b><br><br><b>Menstrual women and menopausal women taking hormone replacement therapy (estrogen or estrogen and progesterone): 10 or less: Satisfactory level. Between 11 and 20: Possible progesterone deficiency. 21 and more: Probable progesterone deficiency.</b> |              |                  |                  |              |                   |  |

| <b>TESTOSTERONE</b>  |   |              |                  |                  |              |                   |  |
|--|---|--------------|------------------|------------------|--------------|-------------------|--|
|  | <b>SIGNS &amp; SYMPTOMS</b>                         | <b>NEVER</b> | <b>SOMETIMES</b> | <b>REGULARLY</b> | <b>OFTEN</b> | <b>CONSTANTLY</b> |  |
|  | <b>(MEN AND WOMEN)</b>                              |              |                  |                  |              |                   |  |
| 1  | My face has become slack and more wrinkled.         | 0            | 1                | 2                | 3            | 4                 |  |
| 2  | I've lost muscle tone.                              | 0            | 1                | 2                | 3            | 4                 |  |
| 3  | My belly tends to get fat.                          | 0            | 1                | 2                | 3            | 4                 |  |
| 4  | I am constantly tired.                              | 0            | 1                | 2                | 3            | 4                 |  |
| 5  | I feel like making love less often than I used to.  | 0            | 1                | 2                | 3            | 4                 |  |
|  | <b>(MEN ONLY)</b>                                   |              |                  |                  |              |                   |  |
| 6  | My breasts are getting fatty.                       | 0            | 1                | 2                | 3            | 4                 |  |
| 7  | I feel less self-confident and more hesitant.       | 0            | 1                | 2                | 3            | 4                 |  |
| 8  | My sexual performance is poorer than it used to be. | 0            | 1                | 2                | 3            | 4                 |  |
| 9  | I have hot flashes and sweats.                      | 0            | 1                | 2                | 3            | 4                 |  |
| 10   | I tire easily with physical activity.               | 0            | 1                | 2                | 3            | 4                 |  |
| <p><b>Add up your Overall Score _____:</b></p> <p><b>Score for women:</b><br/> <b>5 or less: Satisfactory level.</b><br/> <b>Between 6 and 10: Possible testosterone deficiency.</b><br/> <b>11 or more: Probable testosterone deficiency.</b></p> <p><b>Score for Men:</b><br/> <b>10 or less: Satisfactory level.</b><br/> <b>Between 11 and 20: Possible testosterone deficiency.</b><br/> <b>21 or more: Probable testosterone deficiency.</b></p> |   |              |                  |                  |              |                   |  |

| <b>GROWTH HORMONE</b>   |   |              |                  |                  |              |                   |  |
|---|---|--------------|------------------|------------------|--------------|-------------------|--|
|   | <b>SIGNS &amp; SYMPTOMS</b>                       | <b>NEVER</b> | <b>SOMETIMES</b> | <b>REGULARLY</b> | <b>OFTEN</b> | <b>CONSTANTLY</b> |  |
| 1   | My hair is thinning.                              | 0            | 1                | 2                | 3            | 4                 |  |
| 2   | My cheeks sag.                                    | 0            | 1                | 2                | 3            | 4                 |  |
| 3   | My gums are receding.                             | 0            | 1                | 2                | 3            | 4                 |  |
| 4   | My abdomen is flabby. I've got a "spare tire".    | 0            | 1                | 2                | 3            | 4                 |  |
| 5   | My muscles are slack.                             | 0            | 1                | 2                | 3            | 4                 |  |
| 6   | My skin is thin and/or dry.                       | 0            | 1                | 2                | 3            | 4                 |  |
| 7   | It's hard to recover after physical activity.     | 0            | 1                | 2                | 3            | 4                 |  |
| 8   | I feel exhausted.                                 | 0            | 1                | 2                | 3            | 4                 |  |
| 9   | I don't like the world. I tend to isolate myself. | 0            | 1                | 2                | 3            | 4                 |  |
| 10  | I feel continuously anxious and worried.          | 0            | 1                | 2                | 3            | 4                 |  |
| <b>Add up your Overall Score _____:</b><br><b>Overall total is 10 or less is satisfactory level.</b><br><b>Between 11-20: Possible Growth Hormone deficiency.</b><br><b>21 or more: Probable Growth Hormone deficiency.</b> |   |              |                  |                  |              |                   |  |



| <b>DHEA</b>   |  |              |                  |                  |              |                   |  |
|---|--|--------------|------------------|------------------|--------------|-------------------|--|
|   | <b>SIGNS &amp; SYMPTOMS</b>  | <b>NEVER</b> | <b>SOMETIMES</b> | <b>REGULARLY</b> | <b>OFTEN</b> | <b>CONSTANTLY</b> |  |
| 1   | My hair is dry.  | 0            | 1                | 2                | 3            | 4                 |  |
| 2   | My skin and eyes are dry.  | 0            | 1                | 2                | 3            | 4                 |  |
| 3   | My muscles are flabby.   | 0            | 1                | 2                | 3            | 4                 |  |
| 4   | My belly is getting fat.   | 0            | 1                | 2                | 3            | 4                 |  |
| 5   | I don't have much hair under my arm.   | 0            | 1                | 2                | 3            | 4                 |  |
| 6   | I don't have much hair in the pubic area (0=plenty of hair; 4=hairless)                              | 0            | 1                | 2                | 3            | 4                 |  |
| 7   | I don't have much fatty tissue in the pubic area (flat "mound of Venus" in women). 0=padding/4= flat | 0            | 1                | 2                | 3            | 4                 |  |
| 8   | My body doesn't have much of a special scent during sexual arousal.                                  | 0            | 1                | 2                | 3            | 4                 |  |
| 9   | I can't tolerate noise.  | 0            | 1                | 2                | 3            | 4                 |  |
| 10  | My libido is low.  | 0            | 1                | 2                | 3            | 4                 |  |
| <b>Add up your Overall Score _____:</b><br><b>Overall total is 10 or less is satisfactory level.</b><br><b>Between 11-20: Possible DHEA deficiency.</b><br><b>21 or more: Probable DHEA deficiency.</b> |  |              |                  |                  |              |                   |  |

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| <b>THYROID</b>  |   |              |                  |                  |              |                   |  |
|---|---|--------------|------------------|------------------|--------------|-------------------|--|
|   | <b>SIGNS &amp; SYMPTOMS</b>                                 | <b>NEVER</b> | <b>SOMETIMES</b> | <b>REGULARLY</b> | <b>OFTEN</b> | <b>CONSTANTLY</b> |  |
| 1   | I'm sensitive to cold.                                      | 0            | 1                | 2                | 3            | 4                 |  |
| 2   | My hands and feet are always cold.                          | 0            | 1                | 2                | 3            | 4                 |  |
| 3   | In the morning my face is puffy and my eyelids are swollen. | 0            | 1                | 2                | 3            | 4                 |  |
| 4   | I put on weight easily.                                     | 0            | 1                | 2                | 3            | 4                 |  |
| 5   | I have dry skin.  | 0            | 1                | 2                | 3            | 4                 |  |
| 6   | I have trouble getting up in the morning.                   | 0            | 1                | 2                | 3            | 4                 |  |
| 7   | I feel more tired at rest than when I am active.            | 0            | 1                | 2                | 3            | 4                 |  |
| 8   | I am constipated.   | 0            | 1                | 2                | 3            | 4                 |  |
| 9   | My joints are stiff in the morning.                         | 0            | 1                | 2                | 3            | 4                 |  |
| 10  | I feel like I'm living in slow motion.                      | 0            | 1                | 2                | 3            | 4                 |  |
| <b>Add up your Overall Score _____:</b><br><b>Overall total is 10 or less is satisfactory level.</b><br><b>Between 11-20: Possible Thyroid Hormone deficiency.</b><br><b>21 or more: Probable Thyroid Hormone deficiency.</b> |   |              |                  |                  |              |                   |  |

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| <b>PREGNENOLONE</b>  |  |              |                  |                  |              |                   |  |
|--|--|--------------|------------------|------------------|--------------|-------------------|--|
|  | <b>SIGNS &amp; SYMPTOMS</b>  | <b>NEVER</b> | <b>SOMETIMES</b> | <b>REGULARLY</b> | <b>OFTEN</b> | <b>CONSTANTLY</b> |  |
| 1  | I have memory loss.  | 0            | 1                | 2                | 3            | 4                 |  |
| 2  | My joints hurt (fingers, wrists, elbows, feet, ankles, knees).       | 0            | 1                | 2                | 3            | 4                 |  |
| 3  | I'm feeling drained and I have a hard time handling stress.          | 0            | 1                | 2                | 3            | 4                 |  |
| 4  | I don't see colors as brightly as before.                            | 0            | 1                | 2                | 3            | 4                 |  |
| 5  | I have lost interest in art; I don't appreciate art as much anymore. | 0            | 1                | 2                | 3            | 4                 |  |
| 6  | I don't have much hair under my arms or in the pubic area.           | 0            | 1                | 2                | 3            | 4                 |  |
|  | (0= plenty of hair/ 4= hairless)                                     |              |                  |                  |              |                   |  |
| 7  | My muscles are flabby.   | 0            | 1                | 2                | 3            | 4                 |  |
| 8  | I have abundant, light -colored urine during the day.                | 0            | 1                | 2                | 3            | 4                 |  |
| 9  | I have low blood pressure.   | 0            | 1                | 2                | 3            | 4                 |  |
| 10   | I crave salty food.  | 0            | 1                | 2                | 3            | 4                 |  |
| <b>Add up your Overall Score_____:</b><br><b>Overall total is 10 or less is satisfactory level.</b><br><b>Between 11-20: Possible Pregnenolone deficiency.</b><br><b>21 or more: Probable Pregnenolone deficiency.</b> |  |              |                  |                  |              |                   |  |

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| <b>MELATONIN</b>  |   |              |                  |                  |              |                   |  |
|---|---|--------------|------------------|------------------|--------------|-------------------|--|
|   | <b>SIGNS &amp; SYMPTOMS</b>   | <b>NEVER</b> | <b>SOMETIMES</b> | <b>REGULARLY</b> | <b>OFTEN</b> | <b>CONSTANTLY</b> |  |
| 1   | I look older than I am.   | 0            | 1                | 2                | 3            | 4                 |  |
| 2   | I have trouble falling asleep in at night.  | 0            | 1                | 2                | 3            | 4                 |  |
| 3   | I wake up during the night...   | 0            | 1                | 2                | 3            | 4                 |  |
| 4   | And I can't get back to sleep.  | 0            | 1                | 2                | 3            | 4                 |  |
| 5   | My mind is busy with anxious thoughts while I'm trying to fall asleep.                    | 0            | 1                | 2                | 3            | 4                 |  |
| 6   | My feet are too hot at night  | 0            | 1                | 2                | 3            | 4                 |  |
| 7   | When I get up, I don't feel rested.   | 0            | 1                | 2                | 3            | 4                 |  |
| 8   | I feel like I'm living out of sync with the world, going to bed late, and waking up late. | 0            | 1                | 2                | 3            | 4                 |  |
| 9   | I can't tolerate jet lag.   | 0            | 1                | 2                | 3            | 4                 |  |
| 10  | I smoke, drink, and/or use a beta-blocker or a sleep aid                                  | 0            | 1                | 2                | 3            | 4                 |  |
| <b>Add up your Overall Score _____:</b><br><b>Overall total is 10 or less is satisfactory level.</b><br><b>Between 11-20: Possible Melatonin deficiency.</b><br><b>21 or more: Probable Melatonin deficiency.</b> |   |              |                  |                  |              |                   |  |



| <b>FACE AND SKIN</b>   |  |              |                  |                  |              |                   |  |
|--|--|--------------|------------------|------------------|--------------|-------------------|--|
|  | <b>SIGNS &amp; SYMPTOMS</b>                      | <b>NEVER</b> | <b>SOMETIMES</b> | <b>REGULARLY</b> | <b>OFTEN</b> | <b>CONSTANTLY</b> |  |
| 1  | My face has fine lines at the side of the eyes.  | 0            | 1                | 2                | 3            | 4                 |  |
| 2  | I have a thick line from my nose to my mouth.    | 0            | 1                | 2                | 3            | 4                 |  |
| 3  | I have eczema, psoriasis, or other rashes.       | 0            | 1                | 2                | 3            | 4                 |  |
| 4  | I have a furrow between my eye brows.            | 0            | 1                | 2                | 3            | 4                 |  |
| 5  | I have lines on my forehead.                     | 0            | 1                | 2                | 3            | 4                 |  |
| 6  | I have rosacea (redness on the nose and cheeks). | 0            | 1                | 2                | 3            | 4                 |  |
| 7  | The skin is thin on the back of the hand.        | 0            | 1                | 2                | 3            | 4                 |  |
| 8  | My skin looks thicker on my face.                | 0            | 1                | 2                | 3            | 4                 |  |
| 9  | I have smile lines at the side of my mouth.      | 0            | 1                | 2                | 3            | 4                 |  |
| 10   | I have dark circles under my eyes.               | 0            | 1                | 2                | 3            | 4                 |  |
| <b>Add up your Overall Score _____ :</b><br><b>Overall total is 10 or less is satisfactory level.</b><br><b>Between 11-20: Possible sun damage and aging</b><br><b>21 or more: Probable sun damage and aging. Your doctor can prescribe anti-oxidant creams that can reduce the aging lines on the face. Anti-oxidant creams will also repair the damage from the sun.</b> |  |              |                  |                  |              |                   |  |

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| <b>PART II -- CIRCLE THE ANSWERS TO THE AILMENTS AND DISCUSS THEM WITH YOUR PHYSICIAN.</b> |   |                       |    |  |
|--|---|-----------------------|----|--|
|  |   | <b>ENERGY</b>         |    |  |
| 1  | Do you have a hard time getting up in the morning?                                  | YES                   | NO |  |
| 2  | Do you always feel tired or tired in the afternoon?                                 | YES                   | NO |  |
|  |   | <b>SEX</b>            |    |  |
| 1  | Do you lack sexual desire?  | YES                   | NO |  |
| 2  | Does your penis or clitoris seem less sensitive?                                    | YES                   | NO |  |
| 3  | Are your erections not firm enough?   | YES                   | NO |  |
| 4  | Have you lost your attraction toward your partner?                                  | YES                   | NO |  |
| 5  | Do you lack vaginal lubrication?  | YES                   | NO |  |
|  |   | <b>SLEEP</b>          |    |  |
| 1  | Do you sleep poorly?  | YES                   | NO |  |
| 2  | Do you rarely dream?  | YES                   | NO |  |
|  |   | <b>MEMORY</b>         |    |  |
| 1  | Do you suffer from short-or-long-term memory loss?                                  | YES                   | NO |  |
| 2  | do you have trouble concentrating?  | YES                   | NO |  |
|  |   | <b>SKIN AND HAIR</b>  |    |  |
| 1  | Do you have wrinkles on you face along the nose, smile lines, and forehead creases? | YES                   | NO |  |
| 2  | Do you have little wrinkles around the eyes and crow's feet?                        | YES                   | NO |  |
| 3  | Do you have age spots?  | YES                   | NO |  |
| 4  | Do you have dry, thin skin?   | YES                   | NO |  |
| 5  | Are you losing your hair or is it turning gray?                                     | YES                   | NO |  |
|  |   | <b>WEIGHT CONTROL</b> |    |  |
| 1  | Is your abdomen too plump? Is it distended?   | YES                   | NO |  |
| 2  | Women: Are your breasts too large? Do they get larger before your period?           | YES                   | NO |  |
| 3  | Are your buttocks and thighs too well padded? Are you pear-shaped?                  | YES                   | NO |  |

|  |   |                         |    |  |
|--|---|-------------------------|----|--|
| <b>PART II -- CIRCLE THE ANSWERS TO THE AILMENTS AND DISCUSS THEM WITH YOUR PHYSICIAN.</b> |   |                         |    |  |
|  |   | <b>STRESS AND MOODS</b> |    |  |
| 1  | Do you suffer from constant fatigue?                                  | YES                     | NO |  |
| 2  | Do you have high blood pressure?                                      | YES                     | NO |  |
| 3  | Are you anxious, nervous, or irritable?                               | YES                     | NO |  |
| 4  | Do small things set you off?  | YES                     | NO |  |
| 5  | Are you depressed?  | YES                     | NO |  |
|  |   | <b>JOINTS AND BONES</b> |    |  |
| 1  | Do you have arthritis?  | YES                     | NO |  |
| 2  | Do you have osteoarthritis in the hip?                                | YES                     | NO |  |
| 3  | Do you have fibromyalgia (feverish aching muscles and fatigue)?       | YES                     | NO |  |
| 4  | Have you lost muscle mass, tone, and strength?                        | YES                     | NO |  |
| 5  | Do you have bone loss of the spine, hips, hands, wrists, and/or feet? | YES                     | NO |  |

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