

## 24-Hour Urine Collection and Shipping Instructions

### Contamination Warning----Hormone Placement

For women applying hormone cream/gel on labia and/or vaginally, before collection, thoroughly wash genital area. On the day of urine collection, **DO NOT** apply hormone cream/gel to the vaginal labia region as contamination can occur. Apply the hormone cream/gel to the rectal mucosa junction on the day of collection. Applying to other areas of the body (arms, legs, etc) may result in reduced absorption. Immediately contact your physician or this lab for questions. Failure to comply with these instructions could result in a contaminated urine sample necessitating a recollection and retest at prevailing lab rates.

### Kit Contents:

- 1 - Instruction Sheet-Questionnaire, & Requisition Form
- 1 - Urine Collection Cup
- 1 - Orange Urine Jug (w/ a Boric Acid Tablet)
- 2 - 50mL Clear Vials                      1 - 50ml Amber vial
- 1 - Ice Pack (*situated inside the lid of Styrofoam container*)
- 3 - Biohazard Bags 3 - 3x7 zip lock bags
- 1 - Cardboard Shipping Box
- 1 - Styrofoam Container
- 1 - UPS Next Day Air Pack (US & Canada only)
- 1 - UPS Next Day Shipping Label (US & Canada only)

### IMPORTANT INFORMATION - read this before beginning collection

1. If on hormone replacement therapy (estrogens, testosterone, thyroids, etc), consult with prescribing physician as to whether these hormones should be taken during collection. It is generally recommended to continue hormone replacement during collection.
2. Collection should be done on a day with typical level of stress. Do not collect on a day of abnormally high stress.
3. **Avoid** flax, flaxseed, borage, and primrose supplements a week prior to and during collection.
4. Day 1 of the menstrual cycle is the first day of bleeding. It is recommended that a normally cycling woman collect urine on day 19, 20 or 21 of a 28 day menstrual cycle. If the cycle is longer or shorter than 28 days, add or subtract a corresponding number of days and adjust the collection date. For example, if on a 30 day cycle, simply add two days to the collection day; in this case it would be days 21, 22, or 23.
5. If postmenopausal, and cyclically administering estrogens and progesterone, do not collect urine until on both estrogens and progesterone for at least 5 days. Postmenopausal women not on hormone replacement or who take hormones continuously may collect urine on any day.
6. Limit fluid intake to 2 liters (**68oz**), this includes **all** fluids throughout the 24 hour period. Do not exceed normal intake of caffeine, alcohol, and vitaminC 24 hours before and during urine collection.
7. Avoid contaminating urine collection with blood and/or feces. Should contamination occur, rinse the jug, empty completely, and recollect.
8. If any specimen is missed or spilled during collection time, discard all the urine, rinse the jug, empty completely, and recollect.
9. When no boric acid tablet in the jug, refrigerate the jug for the entire collection time. With the boric acid tablet it can be left at room temp.
10. If more than one jug is needed, another clean plastic container may be used. Do **NOT** use glass or metal, **only** plastic and refrigerate the sample. Contact lab for details.

### COLLECTION INSTRUCTIONS

**Send specimens Monday through Thursday only.**

1. **PLACE THE STYROFOAM LID, WHICH CONTAINS THE ICE PACK, INTO FREEZER BEFORE COLLECTION IF SHIPPING TO LAB.**
2. Begin urine collection at any time. To begin, empty bladder completely. **Do not collect this urine.** Record this time (from the voided urine) as the starting time.
3. For the next 24 hours, collect **ALL** urine – day and night. At exactly the same time the next day, urinate a final time into the container. **For example:** if the collection began at 10am Monday (from when urine was voided), it should be completed at exactly 10am Tuesday.
4. At completion of 24 hour collection, record the total volume (**exact TV required**) by placing the collection jug in an upright position and reading the volume from the scale. **Record the volume of the complete collection on the Requisition form and on the vials.**
5. Secure lid and invert collection jug. **Pour urine into all 3 vials up to the upper 40mL line.** Label vials with name, date.
6. Complete Hormone Symptom Questionnaire **ON THE REVERSE SIDE**, Requisition Form, and payment if required.

### SHIPPING INSTRUCTIONS

**do not ship the whole jug ever!**

1. Place vials in the 3x7 zip lock bags. Place the zip lock bags in the zippered portion of the biohazard bags, and seal the bag.
2. Place the requisition and questionnaire in the outside pocket of the biohazard bag along with payment if required.
3. Place the bags into the Styrofoam container. Take the lid with the ice pack and place on top of the Styrofoam container. Place the container in the cardboard shipping box.
4. Place the cardboard box in the UPS next day air pack and securely seal.
5. Place the return shipping label with barcode on the outside UPS next day air bag.
6. Call UPS toll free 1-800-742-5877 for pickup or nearest drop location. When calling for UPS pickup, request **“air”** only. Anything else may result in a patient charge.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Blood Pressure:** \_\_\_\_\_

**Previous / Current use of Hormones / Medications** Please indicate any hormone(s) you have used in the past **2 months** as shown in the example below. Also list other medications or herbal supplements you are taking. (Use back if necessary)

**FOR LAB USE ONLY. THIS WILL ONLY BE USED INTERNALLY AND WILL BE DISCUSSED ONLY WITH YOU OR YOUR DOCTOR.**

Prescriptive Meds	(Example)	1	2	3	4
Medication	<b>Progesterone</b>				
Brand Used	<b>Promentium™</b>				
Delivery	<b>Oral</b>				
Amount (in mg's)	<b>100 mg</b>				
Date and time last used	<b>6/1/01 7:30PM</b>				
# of times/days, days/month	<b>1 25</b>				
How long used	<b>2 years</b>				
<b>Other Supplements</b>	<b>(Example)</b>				
	<b>DHEA/Pregnenolone</b>				
	<b>Soy / Flaxseed</b>				
	<b>DIM / I3C</b>				

**Symptoms** Please indicate the symptoms you are experiencing as **0 (none), 1 (mild), 2 (moderate), 3 (severe)**. For example if you are moderately stressed you would indicate this by darkening the 2 next to "Stress": 0123 Stress

## Male Questionnaire

Please Report the symptoms you are currently experiencing

- |  |  |  |   |
|--|--|--|---|
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Burned Out Feeling         | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Apathy                 | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Difficulty Sleeping          | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Increased Forgetfulness |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Decreased Mental Sharpness | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Depressed              | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Mental Fatigue               | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Irritable               |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Nervousness                | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Anxious                | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Morning Fatigue              | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Evening Fatigue         |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Decreased Stamina          | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Decreased Muscle Size  | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Sore Muscles                 | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Increased Joint Pain    |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Decreased Flexibility      | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Neck Or Back Pain      | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Weight Gain - Breast or Hips | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Weight Gain - Waist     |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Elevated Triglycerides     | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Sugar Craving          | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Heart Palpitations           | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Dizzy Spells            |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Headaches                  | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Ringing In Ears        | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Cold Body Temperature        | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Allergies               |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Sensitivity To Chemicals   | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Decreased Erections    | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Decreased Libido             | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Prostate Problems       |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Decreased Urine Flow       | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Increased Urinary Urge | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Stress                       | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Other _____             |

## Female Questionnaire

- |  |                             |  |                          |   |
|--|-----------------------------|--|--------------------------|---|
| <input type="checkbox"/> Regular Cycles      | Hysterectomy:               | <input type="checkbox"/> No <input type="checkbox"/> Yes | Ovaries Removed:         | <input type="checkbox"/> No <input type="checkbox"/> On <input type="checkbox"/> Both |
| <input type="checkbox"/> Irregular Cycles    | Pregnant:                   | <input type="checkbox"/> No <input type="checkbox"/> Yes | Month of Pregnancy _____ |   |
| <input type="checkbox"/> No menstrual Cycles | Polycystic Ovarian Syndrome | <input type="checkbox"/> No <input type="checkbox"/> Yes |                          |   |

Date of Last Menses \_\_\_\_\_ For specimen collection: # of days in cycle from day 1 of last menses \_\_\_\_\_

When was the last time you used hormone based birth control (pills, IUD, etc.) \_\_\_\_\_ How long were you on it? \_\_\_\_\_

- |  |  |   |   |
|--|--|---|---|
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Hot Flashes              | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Bone Loss                      | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Water Retention       | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Acne                |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Vaginal Dryness          | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Depressed                      | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Tearful               | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Irritable           |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Foggy Thinking           | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Anxious                        | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Morning Fatigue       | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Evening Fatigue     |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Aches And Pains          | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Fibromyalgia                   | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Sleep Disturbed       | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Nervousness         |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Loss Scalp Hair          | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Elevated Triglycerides         | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Weight Gain - Hips    | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Weight Gain - Waist |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Tender Breasts           | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Sugar Craving                  | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Heart Palpitations    | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Mood Swings         |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Night Sweats             | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Loss of Eyebrows               | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Cold Body Temperature | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Allergies           |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Headaches                | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Bleeding Changes               | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Decreased Libido      | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Uterine Fibroids    |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Sensitivity To Chemicals | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Stress                         | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Incontinence          | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Fibrocystic Breasts |
| <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Memory Lapse             | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Increased Facial And Body Hair | <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> Other _____           |   |