

## Male Hormone Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

Check all that apply to you.

- History of low testosterone
- Prior or present testosterone therapy
- Decreased libido (sex drive)
- Diminished sexual ability
- Difficulty maintaining an erection
- Fatigue; lack of energy
- Decreased motivation
- Decreased strength or muscle mass
- Increased abdominal fat; breast enlargement
- Recent deterioration in workplace performance
- Recent deterioration in your ability to play sports; less competitive than prior
- Decreased mental sharpness; memory loss; forgetfulness
- Depression
- Sleep disturbance
- History of high cholesterol, diabetes, stroke, heart disease
- History of cancer, high blood pressure, blood clots
- Prostate problems
- History of elevated PSA (prostate blood test)
- Enlarged prostate
- Prostate cancer history
- Increased need to urinate
- Documented bone loss
- Anxiety; irritability
- Aggression

If you have four or more of these symptoms you may have testosterone deficiency.

What prescription meds are you on:

\_\_\_\_\_

Comments \_\_\_\_\_