

Date: _____

Patient Name: _____

DOB: _____

Male Questionnaire for Hormone Balance

The following questionnaire for screening for possible Andropause/Low Testosterone.

Select the best answer:

1. Do you have a decrease in libido (sex drive)? Yes No
2. Do you have a lack of energy? Yes No
3. Do you have a decrease in strength and/or endurance? Yes No
4. Have you lost height? Yes No
5. Have you noticed a decreased enjoyment of life? Yes No
6. Are you sad and/or grumpy? Yes No
7. Are your erections less strong? Yes No
8. During sexual intercourse, has it been more difficult to maintain your erection to completion of intercourse? Yes No
9. Are you falling asleep after dinner? Yes No
10. Has there been a recent decrease in your work performance? Yes No

► If you answered yes to #1, #7, or any three others, you may have symptoms associated with andropause or low testosterone; and should be subject to blood screening of an early morning sample of free and total testosterone.