

TESTOSTERONE SYMPTOMS AND HEALTH CHANGES QUESTIONNAIRE

DATE: ___/___/___

Symptoms

(rate symptoms on a scale of 0-3 for absence or severity)

Mental Changes

- ___ Pervasive sense of fatigue, wake up tired, "brain fog"
- ___ Feeling depressed or negative
- ___ Feeling stressed or "burned out"
- ___ Feeling irritable or angry more often
- ___ Anxiety or increased nervousness or "panic attacks"
- ___ Forgetful, poor memory
- ___ Unable to concentrate or maintain focus
- ___ Decreased mental sharpness
- ___ Decreased assertiveness
- ___ Loss of motivation or initiative to start new projects, hobbies
- ___ Becoming a "couch potato"
- ___ Feeling that work, relationships, past pleasures have lost
Significance

___ **Total Score**

Sexual Function

- ___ Decreased early morning erections
- ___ Diminished libido
- ___ Difficulty achieving an erection
- ___ Decreased fullness or turgidity
- ___ Decreased ability to maintain full erection after penetration
- ___ Diminished strength of orgasm
- ___ Decreased volume of ejaculation
- ___ Reduced sensation of the penis
- ___ Premature ejaculation ___ recent ___ long term
- ___ Length of time in years since first changes noted
- ___ Response to Viagra, Levitra or Cialis
- ___ Use of other methods (pump, injections)

___ **Total Score**

Physical Changes

- ___ Feeling sore all over, aches in muscles or joints
- ___ Frequent neck or back pains
- ___ Decreased strength or stamina
- ___ Decrease in muscle size, fullness, tone, increased "flabbiness"
- ___ Decreased athletic performance, agility, quickness
- ___ increased stiffness or decreased flexibility, mobility
- ___ Harder to recover from heavy exercise or workout
- ___ Diminished effects from workouts-strength, tone, muscle
- ___ Increased tendency for strains, pulled muscles
- ___ Shortness of breath at lower levels of exertion
- ___ Lack of competitive drive in sports

___ **Total Score**

___ Sum of Total Score

Health Changes

(Answer + or - Yes or No)

Urologic Problems

- ___ Enlarged prostate (BPH) ___ mild ___ moderate ___ severe ___
- ___ Urinary frequency, reduced flow, dribbling or leakage
- ___ Nighttime urination ___ X per night
- ___ Non-medical treatments-Saw Palmetto or combination
- ___ Medical treatment: ___ Proscar/Propecia ___ Avodart ___ Flomax
- ___ Prostatitis ___ mild ___ moderate ___ severe ___ recurrent ___
- ___ Increased ___ Normal range PSA (range ___ ng/dl)
- ___ Treatment for BPH ___ TURP ___ TUNA ----Laser-year ___
- ___ Prostate cancer (Year diagnosed ___ Gleason score ___)
- ___ Treatment(s) ___ Surgery ___ Radiation ___ Cryo ___ Lupron
- ___ Vasectomy ___ Varicocele ___ Hydrocele ___ Hernia ___ Year
- ___ Infertility problems

___ **Total Positives**

Physical Changes

- ___ Weight gain or loss
- ___ Increased central weight-"Beer Belly"
- ___ Increase in breast fat
- ___ Lightheadedness, dizziness, ringing in the ears
- ___ Headaches or recent onset of migraine type headaches
- ___ Leg cramps or swollen ankles
- ___ Sleep problems, sleep apnea, night sweats, or "hot flashes"
- ___ Emphysema or asthma
- ___ Chronic inflammatory disease, colitis, rheumatoid arthritis
- ___ Arthritis in shoulders, hands, hips, knees or feet
- ___ Varicose veins, hemorrhoids or varicoceles
- ___ Loss of body hair or decreased beard growth rate

___ **Total Positives**

Metabolic Disease or Changes

- ___ Increased cholesterol, triglycerides or decreased HDL
- ___ Higher blood sugar or onset of Type 2 Diabetes
- ___ High Blood Pressure
- ___ Shortness of breath with exercise, exertion, climbing stairs
- ___ Racing heart, extra beats, atrial fibrillation
- ___ Chest pains, heart problems or blocked arteries
- ___ Past heart attack, bypass surgery or stent
- ___ Past stroke or TIA (mini-stroke)
- ___ Thyroid problems
- ___ Adrenal gland problems
- ___ Kidney problems, stones, cysts, infection

___ **Total Positive**

___ Sum of Total Positives

Comments: _____