



Male Hormone Questionnaire

Name: _____ DOB: _____

Please check all the symptoms that apply to you:

- Weight Gain
- Muscle Loss
- Decreased Stamina
- Afternoon Fatigue
- Rapid Aging
- Increased Abdominal Fat
- Decreased Libido
- Sexual Dysfunction
- Muscle Aches
- Fatigue
- Depression
- Irritability