



# TESTOSTERONE SYMPTOMS AND HEALTH CHANGES QUESTIONNAIRE

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

Date 1: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

## SYMPTOMS

Rate symptoms on a scale of 0-5 for absence or severity

### Mental Changes

(Date 2) (Date 1)

- \_\_\_\_\_ 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 work/relationships/past pleasures have lost significance
- \_\_\_\_\_ **Total Score**

### Sexual Function

(Date 2) (Date 1)

- \_\_\_\_\_ 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 ejaculate
- \_\_\_\_\_ 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

(Date 2) (Date 1)

- \_\_\_\_\_ Feelings 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 Total Score**

## HEALTH CHANGES

Answer (+) or (-) // yes or no

### Urologic Problems

(Date 2) (Date 1)

- \_\_\_\_\_ Enlarged prostate (BPH) \_\_\_\_\_ mild \_\_\_\_\_ moderate \_\_\_\_\_ severe
- \_\_\_\_\_ Urinary frequency, reduced flow, dribbling or leakage
- \_\_\_\_\_ Nighttime urination \_\_\_\_\_ times per night
- \_\_\_\_\_ Non-medical treatments – Saw Palmetto or combination
- \_\_\_\_\_ Medical treatment: \_\_\_\_\_ Proscar/Propecia \_\_\_\_\_ Avodart \_\_\_\_\_ Flomax
- \_\_\_\_\_ Prostatitis \_\_\_\_\_ mild \_\_\_\_\_ moderate \_\_\_\_\_ severe \_\_\_\_\_ recurrent
- \_\_\_\_\_ Increased or \_\_\_\_\_ normal range PSA (range \_\_\_\_\_ ng/dl)
- \_\_\_\_\_ Treatment for BPH \_\_\_\_\_ TURP \_\_\_\_\_ TUNA \_\_\_\_\_ Laser \_\_\_\_\_ Year
- \_\_\_\_\_ Prostate cancer (Year diagnosed \_\_\_\_\_ Gleason score \_\_\_\_\_)
- \_\_\_\_\_ Treatment(s) \_\_\_\_\_ Surgery \_\_\_\_\_ Radiation \_\_\_\_\_ Cryo \_\_\_\_\_ Lupon
- \_\_\_\_\_ Vasectomy \_\_\_\_\_ Varicocele \_\_\_\_\_ hydrocele \_\_\_\_\_ hernia \_\_\_\_\_ Year
- \_\_\_\_\_ Infertility problem
- \_\_\_\_\_ **Total Positives**

### Physical Changes

(Date 2) (Date 1)

- \_\_\_\_\_ Weight gain or loss
- \_\_\_\_\_ Increasing 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 varicocele
- \_\_\_\_\_ Loss of body hair or decreased beard growth rate
- \_\_\_\_\_ **Total Positives**

### Metabolic disease or changes

(Date 2) (Date 1)

- \_\_\_\_\_ Increased cholesterol, triglycerides or decreased HDL
- \_\_\_\_\_ Higher blood sugar or the onset of adult 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 Positives**

\_\_\_\_\_ **Sum Total Score**

Comments: