Men’s Hormone Screening Questionnaire

Which symptoms are you currently experiencing?

☐ Low energy or fatigue
☐ Reduced sexual desire
☐ Erectile difficulty
☐ Fewer morning erections
☐ Reduced strength or muscle mass
☐ Increased abdominal fat
☐ Reduced exercise tolerance
☐ Mood changes or irritability
☐ Reduced motivation
☐ Difficulty concentrating
☐ Sleep disturbance
☐ Hair or body-hair changes
☐ Breast tenderness or enlargement
☐ Fertility concerns
☐ Other: _____

How much are these symptoms affecting your quality of life?

☐ Mildly
☐ Moderately
☐ Significantly

Are you interested in preserving fertility?

☐ Yes
☐ No
☐ Unsure
☐ Not applicable

What is your primary hormone-related concern?

_____