



GO

Optimum Healthspan Institute "Live healthier & younger, longer"

Patient Name:	
Age:	

Male Hormone Deficiency Questionnaire

Notes: If using spreadsheet, enter 1 in correct column - it will auto calculate. If you are not, multiply by severity 1,2 or 3 and divide total by indicated number at top right corner of column to establish %.

Symptoms	Severe X 3	Moderate X 2	Mild X 1	Total ÷69 for %
Fatigue				
Permanent fatigue increasing with exercise				
Muscle pain/ nerve tenseness				
Reduced muscle strength				
Persistent depression				
Irritability				
Increased aggression				
Anxiety and Fear				
Hypochondria - frequent illness				
Loss of self confidence				
Poor libido - reduced sexual desire				
Erection firmness, persistence, frequency reduced				
Difficulty reaching climax				
Reduced ejaculation volume				
Reduced memory function				
Increased sensitivity to pain				
Increased expression of pain				
Insomnia or reduced sleep				
Hot flushes				
Sweating spells (head and upper chest)				
Enlarged prostate				
Difficulty or frequent urination				
Osteo arthritis/ joint pain				
Total	0	0	0	0%

Testosterone Deficiency