

LOW TESTOSTERONE QUESTIONNAIRE

PATIENT NAME: _____ DOB: _____

	Answer YES or NO to each of the following questions:	YES	NO
1.	Do you have a decrease in libido?		
2.	Do you have a lack of energy?		
3.	Do you have a decrease in strength and/or endurance?		
4.	Have you lost height?		
5.	Have you noticed a decreased "enjoyment of life"?		
6.	Are you sad and/or grumpy?		
7.	Are your erections less strong?		
8.	Have you noticed a recent deterioration in your ability to play sports?		
9.	Are you falling asleep after dinner?		
10.	Has there been a recent deterioration in your work performance?		

If you answered YES to questions 1 or 7 or any 3 other questions, you may be experiencing androgen deficiency (low testosterone level).

Feel Better, Feel Stronger, Lose Weight