

Male Hormone Questionnaire

Patient _____

D.O.B. _____

Date: _____

This is a self-test to help you determine if your hormone levels are below normal.
This is designed to help you and your doctor select the correct treatment for you.
Check the score of each line then total the score at the bottom of each hormone.

0= Never 1=Sometimes 2=Regularly 3= Often 4=Constantly

Part I

Melatonin

| | | | | | |
|---|---|---|---|---|---|
| 1 I look older than I am | 0 | 1 | 2 | 3 | 4 |
| 2 I have trouble falling asleep at night | 0 | 1 | 2 | 3 | 4 |
| 3 I wake up at night..... | 0 | 1 | 2 | 3 | 4 |
| 4 And I can't get back to sleep | 0 | 1 | 2 | 3 | 4 |
| 5 I have anxious thoughts while trying to fall asleep | 0 | 1 | 2 | 3 | 4 |
| 6 My feet are too hot at night | 0 | 1 | 2 | 3 | 4 |
| 7 When I get up I don't feel rested | 0 | 1 | 2 | 3 | 4 |
| 8 I go to bed late and wake up late | 0 | 1 | 2 | 3 | 4 |
| 9 I can't tolerate jet lag | 0 | 1 | 2 | 3 | 4 |
| 10 I smoke, drink and/or use a beta/ blocker or sleep aid | 0 | 1 | 2 | 3 | 4 |

Add up your overall score: _____

10 or less=satisfactory
11-20 = possible melatonin deficiency
21 or more= probably melatonin deficiency

Thyroid

| | | | | | |
|--|---|---|---|---|---|
| 1 I'm sensitive to cold | 0 | 1 | 2 | 3 | 4 |
| 2 My hands and feet are always cold | 0 | 1 | 2 | 3 | 4 |
| 3 In the morning my face is puffy and my eyelids are swollen | 0 | 1 | 2 | 3 | 4 |
| 4 I put on weight easily | 0 | 1 | 2 | 3 | 4 |
| 5 I have dry skin | 0 | 1 | 2 | 3 | 4 |
| 6 I have trouble getting up in the morning | 0 | 1 | 2 | 3 | 4 |
| 7 I feel more tired at rest than when I am active | 0 | 1 | 2 | 3 | 4 |
| 8 I am constipated | 0 | 1 | 2 | 3 | 4 |
| 9 My joints are stiff in the morning | 0 | 1 | 2 | 3 | 4 |
| 10 I feel like I'm living in slow motion | 0 | 1 | 2 | 3 | 4 |

Add up your overall score: _____

10 or less= satisfactory
11-20= possible thyroid hormone deficiency
21 or more=probably thyroid hormone deficiency

Growth Hormone

| | | | | | |
|---|---|---|---|---|---|
| 1 My hair is thinning | 0 | 1 | 2 | 3 | 4 |
| 2 My cheeks sag | 0 | 1 | 2 | 3 | 4 |
| 3 My gums are receding | 0 | 1 | 2 | 3 | 4 |
| 4 My abdomen is flabby/ I've got a "spare tire" | 0 | 1 | 2 | 3 | 4 |
| 5 My muscles are slack | 0 | 1 | 2 | 3 | 4 |
| 6 My skin is thick and/or dry | 0 | 1 | 2 | 3 | 4 |
| 7 It's hard to recover after physical therapy | 0 | 1 | 2 | 3 | 4 |
| 8 I feel exhausted | 0 | 1 | 2 | 3 | 4 |
| 9 I don't feel like the world, I tend to isolate myself | 0 | 1 | 2 | 3 | 4 |
| 10 I feel continuously anxious and worried | 0 | 1 | 2 | 3 | 4 |

Add up your overall total _____

10 or less= satisfactory level

11-20 = possible growth hormone deficiency

21 or more= probably growth hormone deficiency

DHEA

| | | | | | |
|--|---|---|---|---|---|
| 1 My hair is dry | 0 | 1 | 2 | 3 | 4 |
| 2 My skin and eyes are dry | 0 | 1 | 2 | 3 | 4 |
| 3 My muscles are flabby | 0 | 1 | 2 | 3 | 4 |
| 4 My belly is getting fat | 0 | 1 | 2 | 3 | 4 |
| 5 I don't have much hair under my arms | 0 | 1 | 2 | 3 | 4 |
| 6 I don't have much hair in the pubic area 1= plenty of hair/ 4=hairless) | 0 | 1 | 2 | 3 | 4 |
| 7 My body doesn't have much of a special scent during sex | 0 | 1 | 2 | 3 | 4 |
| 8 I can't tolerate noise | 0 | 1 | 2 | 3 | 4 |
| 9 My libido is low | 0 | 1 | 2 | 3 | 4 |

Add up your overall total _____

10 or less= satisfactory level

11-20= possible DHEA deficiency

21 or more= probably DHEA deficiency

Cortisol

| | | | | | |
|--------------------------------------|---|---|---|---|---|
| 1 My face looks thinner | 0 | 1 | 2 | 3 | 4 |
| 2 My friends call be skinny | 0 | 1 | 2 | 3 | 4 |
| 3 I have eczema, psoriasis or rashes | 0 | 1 | 2 | 3 | 4 |
| 4 My heart beats quickly | 0 | 1 | 2 | 3 | 4 |
| 5 My blood pressure is low | 0 | 1 | 2 | 3 | 4 |
| 6 I crave salt or sugar | 0 | 1 | 2 | 3 | 4 |
| 7 I have digestive problems | 0 | 1 | 2 | 3 | 4 |
| 8 I have allergies | 0 | 1 | 2 | 3 | 4 |
| 9 I am stressed out | 0 | 1 | 2 | 3 | 4 |
| 10 I am easily confused | 0 | 1 | 2 | 3 | 4 |

Add up overall total _____

10 or less=satisfactory

11-20 = possible cortisol deficiency

21 or more= probably cortisol deficiency

Testosterone

| | | | | | |
|--|---|---|---|---|---|
| 1 My face has gotten slack and more wrinkled | 0 | 1 | 2 | 3 | 4 |
| 2 I've lost muscle tone | 0 | 1 | 2 | 3 | 4 |
| 3 My belly tends to get fat | 0 | 1 | 2 | 3 | 4 |
| 4 I'm constantly tired | 0 | 1 | 2 | 3 | 4 |
| 5 I feel like making love less often than I used | 0 | 1 | 2 | 3 | 4 |
| 6 My breasts are getting fatty | 0 | 1 | 2 | 3 | 4 |
| 7 I feel less self-confident and more hesitant | 0 | 1 | 2 | 3 | 4 |
| 8 My sexual performance is poorer than it used to be | 0 | 1 | 2 | 3 | 4 |
| 9 I have hot flashes and sweats | 0 | 1 | 2 | 3 | 4 |
| 10 I tire easily with physical activity | 0 | 1 | 2 | 3 | 4 |

Add up your overall total _____

10 or less= satisfactory level

11-20 =possible testosterone deficiency

21 or more=probably testosterone deficiency

Part 2

Memory

Do you suffer from memory loss?

Do you have trouble concentrating?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Skin and Hair

Do you have wrinkles along nose, smile lines or forehead?

Do you have little wrinkles around the eyes and crows feet?

Do you have age spots?

Do you have dry, thin skin?

Are you losing your hair or is it turning gray?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Weight Control

Is your abdomen too plump? Is it distended?

Are your breasts too large?

Are your buttocks and thighs too well padded, pear shaped?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Stress and Moods

Do you suffer from constant fatigue?

Do you have high blood pressure?

Are you anxious, nervous, or irritable?

Do small things set you off?

Are you depressed?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Joints and Bones

Do you have arthritis?

Do you have osteoarthritis?

Do you have fibromyalgia (sharp shoulder pain)?

Have you lost muscle mass, tone, and strength?

Bone loss of the spine, hips, hands, wrists or feet?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

11/7/2008