

Male Symptoms Sheet

Name: _____ Date: _____

Symptoms (Please check mark)	Never	Mild	Moderate	Severe	Very Severe
Sweating (Night sweats, Increased episodes of sweating)					
Sleep problems (Difficulty falling asleep, Sleeping through the night, Waking up too early)					
Increased need for sleep or falls asleep easily after meals					
Depressive mood (Feeling down, Sad, On the verge of tears, Lack of drive)					
Irritability (Mood swings, feeling aggressive, angers easily)					
Anxiety (Inner restlessness, feeling panicked, feeling nervous, inner tension)					
Physical exhaustion (General decrease in muscle strength, fatigue, lack of energy, stamina or motivation)					
Sexual problems (Change in sexual desire, sexual activity, orgasm and/or satisfaction)					
Bladder problems (Difficulty urinating, increased need to urinate, incontinence)					
Erectile changes (Weaker erections, loss of morning erections)					
Joint and muscular symptoms (joint pain or swelling, muscle weakness, poor recovery after exercise)					
Difficulties with memory					
Problems with thinking, concentration or reasoning					
Difficulty learning new things					
Trouble thinking of the right word to describe persons, places or things when speaking					
Increase in frequency or intensity of headaches/migraines					
Rapid hair loss or thinning					
Feeling cold all of the time or having cold hands and/or feet					
Weight gain, belly fat or difficulty losing weight despite diet and exercise					
Infrequent or absent ejaculations					

- Yes / No** Do you have a desire to have more children
- Yes / No** Experiencing hormone related symptoms?
- Yes / No** Are you currently on any testosterone therapy?
- Yes / No** Do you have a personal history of Prostate Cancer
- Yes / No** Do you have a personal history of elevated PSA's (Prostate-Specific Antigen)?
- Yes / No** Have you been diagnosed with hypothyroidism (Underactive/Low thyroid)?
- Yes / No** Have you been diagnosed with Hashimoto's Thyroiditis (Autoimmune Chronic Thyroid Inflammation)?
- Yes / No** Have you had a urological (Urinary tract, kidneys, bladder, prostate) work up and were the results okay?
- Yes / No** Are you currently taking an 5 Alpha Reductase Inhibitor (Medications, such as Finasteride and Dutasteride, used for the treatment of benign prostatic hyperplasia, as well as, male pattern hair loss)?

Daily physical activity level? **Low / Moderate / High**