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Male Hormone Survey

Circle Yes or No to the following questions. If Yes, indicate if Mild, Moderate, or Severe.

1. Do you feel more fatigued and/or tired than usual? Yes No
If yes, circle: Mild Moderate Severe
2. Have you noticed a decrease in your muscle mass? Yes No
If yes, circle: Mild Moderate Severe
3. Have you experienced a loss in muscle strength? Yes No
If yes, circle: Mild Moderate Severe
4. Have you experienced an increase in joint and/or muscle pains? Yes No
If yes, circle: Mild Moderate Severe
5. Have you noticed an increase in your waist size? Yes No
If yes, circle: Mild Moderate Severe
6. Do you have trouble losing weight? Yes No
If yes, circle: Mild Moderate Severe
7. Have you experienced a loss in height? Yes No
If yes, circle: Mild Moderate Severe
8. Do you have a decrease in your sex drive? Yes No
If yes, circle: Mild Moderate Severe
9. Have you experienced difficulty in establishing and/or maintaining full erections? Yes No
If yes, circle: Mild Moderate Severe
10. Do you have spontaneous early morning erections? Yes No
If yes, circle: Mild Moderate Severe
11. Have you experienced changes in your usual sleep pattern? Yes No
If yes, circle: Mild Moderate Severe
12. Do you feel a decrease in your mental sharpness? Yes No
If yes, circle: Mild Moderate Severe
13. Have you had trouble concentrating? Yes No
If yes, circle: Mild Moderate Severe
14. Do you experience less enjoyment in personal interests and hobbies? Yes No
If yes, circle: Mild Moderate Severe
15. I am _____ years old. I feel _____ years old.