

# Back In Action Chiropractic

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## Male Hormone Quick Check Questionnaire

NAME \_\_\_\_\_ DATE \_\_\_\_\_

For each sign or symptom listed below, please indicate whether you have experienced that sign/symptom in the past three months, or if you are experiencing it now.

1. \_\_\_ Decrease in spontaneous morning erections
2. \_\_\_ Low mood
3. \_\_\_ Irritability
4. \_\_\_ Depress
5. \_\_\_ Discouragement or pessimism
6. \_\_\_ Loss of energy
7. \_\_\_ Loss of strength
8. \_\_\_ Loss of stamina
9. \_\_\_ Gradual increase in fatigue
10. \_\_\_ Loss of libido
11. \_\_\_ Less productive at work or school
12. \_\_\_ Decreased initiative
13. \_\_\_ Erectile problems
14. \_\_\_ Concentration and memory difficulties
15. \_\_\_ Muscle soreness, weakness, or decreased muscle tone
16. \_\_\_ Sleep problems
17. \_\_\_ Decreased overall metabolism and energy production
18. \_\_\_ increased cholesterol and triglycerides
19. \_\_\_ Weight gain around the waist
20. \_\_\_ Increase in fat distribution in hips and breasts
21. \_\_\_ Decreased lean muscle mass
22. \_\_\_ Elevated blood pressure
23. \_\_\_ Elevated blood sugar (insulin resistant)
24. \_\_\_ Taken/taking synthetic anabolic steroids
25. \_\_\_ Prostate problems
26. \_\_\_ Osteoporosis