

Back In Action Chiropractic

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Male Hormone Quick Check Questionnaire

NAME _____

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. Depression
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