

## Men's Hormone Health Questionnaire and Self-Test

There are many hormones that play a role in our overall well-being - from thyroid to adrenal to testosterone and even insulin. Imbalance in any or several of these pathways can profoundly affect many aspects of your health and well-being. Take this simple self-test to see whether you are having changes that suggest hormone imbalance to help you see whether our consultation services may be of benefit to you.

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 1. Have you noticed a decrease in your energy level, or feeling unusually tired more of the time? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 2. Have you experienced a decrease in muscle strength and/or endurance?                           |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 3. Do you have a decrease in sex drive/interest?  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 4. Are your erections less firm, harder to achieve?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 5. Are nighttime erections less frequent?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 6. Have you lost height?  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 7. Have you gained weight around your waist or belly?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 8. Are you more irritable, or grumpy than usual?  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 9. Have you been having less "enjoyment of life"?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 10. Are you falling asleep after lunch or dinner?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 11. Have you noticed a decline in work performance?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 12. Has your memory or concentration declined?  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 13. Has your body hair pattern changed significantly?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 14. Have you been experiencing more food cravings, especially for sweets or carbs?                |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 15. Have you had problems with insomnia, restless sleep, or snoring?                              |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 16. Do you wake up more often at night to urinate?  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 17. Have you experienced a decline in energy to play sports or exercise?                          |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 18. Do you have 'Hashes of anger or rage?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 19. Do you have feelings of sadness or depression for no clear reason?                            |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 20. Do you wake up in the morning feeling tired?  |

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The more "YES" answers you have, the more important it is to have a comprehensive hormone and health risk evaluation.