



## Male Hormone Replacement Therapy Questionnaire

Please answer the questions below by using the scale provided.

0 = Never    1 = Not very often    2 = Frequently    3 = Most of the time

Feel tired and don't have as much energy	0	1	2	3
Feel life just isn't as enjoyable as it used to be	0	1	2	3
Becoming forgetful, inability to concentrate, memory loss	0	1	2	3
Worry more, have more anxiety about issues	0	1	2	3
Have a decrease in your libido/sexual drive	0	1	2	3
Have trouble achieving or maintaining an erection	0	1	2	3
Do not have the desire to take on new tasks and challenges	0	1	2	3
Feel sleepy during the day, not sleeping through the night	0	1	2	3
Have trouble completing projects and assignments	0	1	2	3
How often do you have morning erections?				
100% of the time = 0      75% = 1	0	1	2	3    4
50% = 2      25% = 3      Never = 4				
Feel more irritable, have more mood swings	0	1	2	3
Have a decrease in muscular strength and tone	0	1	2	3
Circle your pants size.				
36 or less = 0    38 = 1    40 = 2    42 and above = 3	0	1	2	3
Have you ever been diagnosed with "elevated cholesterol"?				
No = 0    Yes = 3	0			3
Have you ever been diagnosed with cancer?	Yes			No
If yes, what type _____				