

Hormone Health Questionnaire: Men

Personal Information

* Indicates required question

1. Full Name *

2. Client ID *

3. How would you describe your overall energy level in last 3 months- *

Check all that apply.

- Excellent
- Good
- Low
- Very low

4. Have you noted unexplained weight gain or loss? *

5. Have you experienced any of the following in last 3 months: *

Check all that apply.

- Hair thinning or hair loss
- Dry skin or brittle nails
- Cold hands & feet
- Constipation or sluggish digestion
- Difficulty losing weight even with diet & exercise
- Feeling thirsty most of the time
- Passing urine more often
- Needing to eat more to feel full
- Irritable, shaky or lightheaded when you skip meals
- Increased belly fat
- Energy crashes in the afternoon
- Feeling fatigued throughout the day
- Trouble falling asleep or staying asleep
- Feeling anxious, overwhelmed, or unable to cope with stress

6. Have you noticed any recent changes as mentioned below- *

Check all that apply.

- Loss of muscle mass or strength
- Low stamina
- Feeling low
- Lack of motivation
- Reduced sexual interest
- Other: _____

This content is neither created nor endorsed by Google.

Google Forms