

# Hormone Health Questionnaire: Men

## Personal Information

\* Indicates required question

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1. Full Name \*

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2. Client ID \*

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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? \*

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## 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: \_\_\_\_\_

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