

# Men's Health Questionnaire

**For Men over the age of 50**

Your answers to the following questionnaire will help to identify whether you have a low testosterone level.

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| 1 Do you have a decrease in libido (sex drive?)     | <input type="radio"/> | <input type="radio"/> |
| 2 Do you have a lack of energy?                     | <input type="radio"/> | <input type="radio"/> |
| 3 Do you have a decrease in strength and endurance? | <input type="radio"/> | <input type="radio"/> |
| 4 Have you lost height?                             | <input type="radio"/> | <input type="radio"/> |
| 5 Have you noticed a decreased "enjoyment of life"? | <input type="radio"/> | <input type="radio"/> |
| 6 Are you sad/grumpy?                               | <input type="radio"/> | <input type="radio"/> |

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| 7 Have you noticed a recent deterioration in your ability to play sports? | <input type="radio"/> | <input type="radio"/> |
| 8 Are you falling asleep after dinner?                                    | <input type="radio"/> | <input type="radio"/> |
| 9 Has there been a deterioration in your work performance?                | <input type="radio"/> | <input type="radio"/> |

**Score**

**YES to 3 or more questions – Speak to your GP. Would consider Testosterone blood level**

**YES to No. 1 or 7 – Speak to your GP. Would consider Testosterone Blood test**