Name:_____ Date:_____

MALE HORMONAL SELF-TEST

This is a self-test to help you determine if your hormone levels are below normal. This is designed to help you and your doctor select the correct treatment for you. Circle the score for each line then total the score at the bottom of each hormone. Bring this form to your doctor after you have filled it out.

TESTOSTERONE

| Signs and Symptoms | Never | Sometimes | Regularly | Often | Constantly |
|---|-------|-----------|-----------|-------|------------|
| I have a decrease in libido (sex drive). | 0 | 1 | 2 | 3 | 4 |
| I have a lack of energy. | 0 | 1 | 2 | 3 | 4 |
| I have a decrease in strength and /or endurance. | 0 | 1 | 2 | 3 | 4 |
| I have noticed a decrease in enjoyment of life. | 0 | 1 | 2 | 3 | 4 |
| I feel sad and/or grumpy. | 0 | 1 | 2 | 3 | 4 |
| My erections are less strong? | 0 | 1 | 2 | 3 | 4 |
| It has been more difficult to maintain an erection. | 0 | 1 | 2 | 3 | 4 |
| I am falling asleep after dinner? | 0 | 1 | 2 | 3 | 4 |
| I have recent deterioration in my work performance. | 0 | 1 | 2 | 3 | 4 |
| I have noticed loss in height. | 0 | 1 | 2 | 3 | 4 |

Add up your overall score : Overall total is 10 or less is satisfactory level. Between 11-20: Possible Testosterone deficiency. 21 or more: Probable Testosterone deficiency.

GROWTH HORMONE

| I have increased body fat. | 0 | 1 | 2 | 3 | 4 |
|--|---|---|---|---|---|
| I have decreased levels of energy. | 0 | 1 | 2 | 3 | 4 |
| I have decreased stamina. | 0 | 1 | 2 | 3 | 4 |
| I have decreased muscle mass, bulk, and strength. | 0 | 1 | 2 | 3 | 4 |
| I have decreased bone mineral density. | 0 | 1 | 2 | 3 | 4 |
| I have decreased HDL (good cholesterol) and increased LDL (bad cholesterol). | 0 | 1 | 2 | 3 | 4 |
| I have decreased immune function. | 0 | 1 | 2 | 3 | 4 |
| I have wrinkling skin and graying hair. | 0 | 1 | 2 | 3 | 4 |
| I have decreased sexual function. | 0 | 1 | 2 | 3 | 4 |
| I have increased weight gain. | 0 | 1 | 2 | 3 | 4 |
| I have increased depression and anxiety. | 0 | 1 | 2 | 3 | 4 |

Add up your overall score _____: Overall total is 10 or less is satisfactory level. Between 11-20: Possible Growth Hormone deficiency. 21 or more: Probable Growth Hormone deficiency.

<u>THYROID</u>

| Signs and Symptoms | Never | Sometimes | Regularly | Often | Constantly |
|--|-------|-----------|-----------|-------|------------|
| I'm sensitive to cold. | 0 | 1 | 2 | 3 | 4 |
| My hands and feet are always cold. | 0 | 1 | 2 | 3 | 4 |
| In the morning my face is puffy and my eyelids | 0 | 1 | 2 | 3 | 4 |
| are swollen. | | | | | |
| I put on weight easily. | 0 | 1 | 2 | 3 | 4 |
| I have dry skin. | 0 | 1 | 2 | 3 | 4 |
| I have trouble getting up in the morning. | 0 | 1 | 2 | 3 | 4 |
| I feel more tired at rest then when I am active. | 0 | 1 | 2 | 3 | 4 |
| I am constipated. | 0 | 1 | 2 | 3 | 4 |
| My joints are stiff in the morning. | 0 | 1 | 2 | 3 | 4 |
| I feel like I'm living in slow motion. | 0 | 1 | 2 | 3 | 4 |

Add up your Overall Score____: Overall total is 10 or less is satisfactory level. Between 11-20: Possible Thyroid Hormone deficiency. 21 or more: Probable Thyroid Hormone deficiency.

PREGNENOLONE

| Signs and Symptoms | Never | Sometimes | Regularly | Often | Constantly |
|---|-------|-----------|-----------|-------|------------|
| I have memory loss. | 0 | 1 | 2 | 3 | 4 |
| My joints hurt. (fingers, wrists, elbows, ankles, knees). | 0 | 1 | 2 | 3 | 4 |
| I'm feeling a bit drained and I have a hard time handling | 0 | 1 | 2 | 3 | 4 |
| stress. | | | | | |
| I don't see colors as brightly as before. | 0 | 1 | 2 | 3 | 4 |
| I have lost interest in art; I don't appreciate art as much | 0 | 1 | 2 | 3 | 4 |
| anymore. | | | | | |
| I don't have much hair under my arms or in the pubic | 0 | 1 | 2 | 3 | 4 |
| area. (0=plenty of hair/4=hairless). | | | | | |
| My muscles are flabby. | 0 | 1 | 2 | 3 | 4 |
| I have abundant, light-colored urine during the day. | 0 | 1 | 2 | 3 | 4 |
| I have low blood pressure. | 0 | 1 | 2 | 3 | 4 |
| I crave salty foods. | 0 | 1 | 2 | 3 | 4 |

Add up your Overall Score____: Overall total is 10 or less is satisfactory level. Between 11-20: Possible Pregnenolone deficiency. 21 or more: Probable Pregnenolone deficiency.

| Melato | onin | | | | |
|--|-------|-----------|-----------|-------|------------|
| Signs and Symptoms | Never | Sometimes | Regularly | Often | Constantly |
| l look older than I am. | 0 | 1 | 2 | 3 | 4 |
| I have trouble falling asleep at night. | 0 | 1 | 2 | 3 | 4 |
| I wake up during the night. | 0 | 1 | 2 | 3 | 4 |
| I can't get back to sleep. | 0 | 1 | 2 | 3 | 4 |
| I have anxious thoughts while trying to fall asleep. | 0 | 1 | 2 | 3 | 4 |
| My feet are too hot at night. | 0 | 1 | 2 | 3 | 4 |
| When I get up, I don't feel rested. | 0 | 1 | 2 | 3 | 4 |
| I go to bed late and wake up late. | 0 | 1 | 2 | 3 | 4 |
| I can't tolerate jet lag. | 0 | 1 | 2 | 3 | 4 |
| I smoke, drink and/or use a beta-blocker or sleep aid. | 0 | 1 | 2 | 3 | 4 |

Add up your Overall Score_____: Overall total is 10 or less is satisfactory level. Between 11-20: Possible Melatonin deficiency. 21 or more: Probable Melatonin deficiency.