



Testosterone Deficiency Questionnaire

Read each question carefully, and record the number next to a question if it applies to you. When you finish, add up the numbers you have recorded.

- | | |
|--|---|
| Do you experience fatigue? | 2 |
| Has your sense of drive and purpose decreased? | 3 |
| Do you lack initiative? | 3 |
| Are you less assertive? | 3 |
| Has your sense of well-being declined? | 2 |
| Do you have depressed moods? | 2 |
| Are you frequently irritable? | 2 |
| Has your self-confidence declined? | 2 |
| Do you find it difficult to set goals? | 2 |
| Do you have a difficult time making decisions? | 2 |
| Has your mental sharpness declined? | 2 |
| Has your stamina and endurance lessened? | 2 |
| Have you lost muscle mass, strength or tone? | 4 |
| Have you gained body fat around your waist? | 2 |
| Is your cholesterol elevated? | 2 |
| Has your libido decreased? | 4 |
| Has your sexual ability declined? | 2 |

Do you find it difficult to obtain or maintain an erection? 2

Do you have sleep apnoea? 2

TOTAL SCORE _____

<7 testosterone deficiency unlikely

7-20 testosterone deficiency possible

> 20 testosterone deficiency very likely

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