

Determine the likelihood that you suffer from **LOW TESTOSTERONE** by completing this checklist. For each symptom select the severity from 0 to 4.

- |   |                                  |                                  |                                      |                                    |                                    |
|---|----------------------------------|----------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| 1. Fatigue, tiredness or loss of energy | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 2. Depression, low or negative mood     | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 3. Irritability, anger or bad temper    | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 4. Anxiety or nervousness               | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 5. Loss of memory or concentration      | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 6. Relationship problem with partner    | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 7. Loss of sex drive or libido          | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 8. Erection or potency problem          | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 9. Dry skin on face or hands            | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 10. Excessive sweating, day or night    | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 11. Backache, joint pains or stiffness  | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 12. Heavy drinking, past or present     | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 13. Loss of fitness                     | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 14. Feeling over-stressed               | 0. None <input type="checkbox"/> | 1. Mild <input type="checkbox"/> | 2. Moderate <input type="checkbox"/> | 3. Severe <input type="checkbox"/> | 4 Extreme <input type="checkbox"/> |
| 15. The age you are                     | 30s <input type="checkbox"/>     | 40s <input type="checkbox"/>     | 50s <input type="checkbox"/>         | 60s <input type="checkbox"/>       | 70+ <input type="checkbox"/>       |
| 16. The age you feel                    | 30s <input type="checkbox"/>     | 40s <input type="checkbox"/>     | 50s <input type="checkbox"/>         | 60s <input type="checkbox"/>       | 70+ <input type="checkbox"/>       |

Add 4 points each for the following:

1. Adult mumps, orchitis or other testicular problems.
2. Persistent urinary infection.
3. Prostate operation or inflammation.
4. Vasectomy

Total Score \_\_\_\_\_ [ 0-9:Unlikely, 10-19:Possible, 20-29:Probable, 30-39:Definite, 40+:Advanced ]

If you score **10 or more**, please consult your doctor or a specialist for further evaluation. Remember, low testosterone is a **TREATABLE** condition.