

Symptoms Sheets for Males

Name _____ Date _____

Do you experience any of the following?

Symptoms	None	Mild	Moderate	Severe
Decreased Libido/Erections				
Decreased urine flow/ Prostate Problems				
Anxiety				
Difficulty Concentrating / Foggy brain				
Sleeping Difficulties or Insomnia				
Weight gain				
Increase Abdominal Girth				
Decrease Muscle Mass				
Depression				
Night Sweats				
Headaches				
Fatigue				
Mood swings				
Irritability				
Decreased Stamina				