

# Men's Hypogonadism Health Profile/Questionnaire

**Patient Information - When completed, email to [cwells@cptinc.org](mailto:cwells@cptinc.org) or fax to 866-684-6337.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

BMI (Pharmacist will calculate): \_\_\_\_\_ (BMI= Wt. in Kg/Ht. in meters<sup>2</sup>)

### **BMI Results for Adults Over 35:**

19-26.9	Recommended	30-39.9	Obese
27-29.9	Overweight	40 (+)	Morbidly Obese

**Waist Circumference:** \_\_\_\_\_ **Waist:Hip Ratio:** \_\_\_\_\_ (waist/hip)

**Medical & Social History:** Please check the following that apply to you.

- |   |   |
|---|---|
| <input type="checkbox"/> High Blood Pressure          | <input type="checkbox"/> Alcohol Use          |
| <input type="checkbox"/> High Cholesterol             | <input type="checkbox"/> Erectile Dysfunction |
| <input type="checkbox"/> Cardiovascular Disease       | <input type="checkbox"/> Insomnia             |
| <input type="checkbox"/> Diabetes Mellitus            | <input type="checkbox"/> Malnutrition         |
| <input type="checkbox"/> Osteoporosis                 | <input type="checkbox"/> Depression           |
| <input type="checkbox"/> Benign Prostatic Hyperplasia | <input type="checkbox"/> Cancer: _____        |
| <input type="checkbox"/> Tobacco Use                  | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Asthma/COPD                  |   |

**Medication History:** List all prescription and non-prescription medications that you are taking. (Include vitamins, herbals and supplements.)

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**Drug Allergies:** \_\_\_\_\_

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**Please indicate if you are experiencing the following symptoms:**

	ABSENT	MILD	MODERATE	SEVERE
Fatigue	_____	_____	_____	_____
Decreased muscle mass	_____	_____	_____	_____
Loss in muscle strength	_____	_____	_____	_____
Joint/Muscle Pain	_____	_____	_____	_____
Increase in waist size	_____	_____	_____	_____
Difficulty losing weight	_____	_____	_____	_____
Decreased height	_____	_____	_____	_____
Decreased sex drive	_____	_____	_____	_____
Difficulty establishing and/or maintaining full erections	_____	_____	_____	_____
Decrease in spontaneous early morning erections	_____	_____	_____	_____
Changes in sleep patterns	_____	_____	_____	_____
Decreased mental sharpness	_____	_____	_____	_____
Trouble concentrating	_____	_____	_____	_____
Less enjoyment in personal interests and hobbies	_____	_____	_____	_____

I am \_\_\_\_\_ years old. I feel \_\_\_\_\_ years old.

Please include a copy of all relevant lab work, especially hormone levels, that you have recently obtained.

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### Points to Consider

1. Decreased sex drive, difficulty establishing and/or maintaining erections and a decrease in spontaneous early morning erections are more diagnostic than others for andropause. However, the patient should receive a complete exam and all symptoms should be considered. These symptoms combined with pertinent lab values will aid diagnosis.
2. A waist circumference  $\geq 40$  inches increases the risk for men to develop metabolic complications.
3. BMI and waist circumference are very important to the patient's general health. However, new evidence suggests WHR (waist to hip ratio) is more consistently a predictor of metabolic complications.

General waist to hip ratio guidelines:

Age	Low Risk *	Moderate Risk *	High Risk *	Very High Risk *
20-29	< 0.8	0.8 - 0.9	0.9 - 0.94	> 0.95
30-39	< 0.85	0.85 - 0.9	0.9 - 0.95	> 0.96
40-49	< 0.87	0.87 - 0.93	0.93 - 1.0	> 1.0
50-59	< 0.9	0.9 - 0.95	0.95 - 1.0	> 1.0
60-69	< 0.9	0.9 - 0.97	0.97 - 1.1	> 1.1

\* risk of developing metabolic complications