

# HEALTH PROFILE

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Rate each of the following symptoms upon your typical health profile for:

<b>Point Scale</b>	0 <b>Never</b> or <b>Almost never</b> have the symptom	3 <b>Frequently</b> have it, effect is <b>not severe</b>
	1 <b>Occasionally</b> have it, effect is <b>not severe</b>	4 <b>Frequently</b> have it, effect is <b>severe</b>
	2 <b>Occasionally</b> have it, effect is <b>severe</b>	

**HEAD**

\_\_\_\_\_ HEADACHES

\_\_\_\_\_ FAINTNESS

\_\_\_\_\_ DIZZINESS

\_\_\_\_\_ INSOMNIA

\_\_\_\_\_ **TOTAL**

**EYES**

\_\_\_\_\_ WATERY OR ITCHY EYES

\_\_\_\_\_ SWOLLEN, REDDENED OR STICKY EYELIDS

\_\_\_\_\_ BAGS OR DARK CIRCLES UNDER EYES

\_\_\_\_\_ BLURRED OR TUNNEL VISION (Does not include near or far-sightedness)

\_\_\_\_\_ **TOTAL**

**EARS**

\_\_\_\_\_ ITCHY EARS

\_\_\_\_\_ EARACHES, EAR INFECTIONS

\_\_\_\_\_ DRAINAGE FROM EAR

\_\_\_\_\_ RINGING IN EARS, HEARING LOSS

\_\_\_\_\_ **TOTAL**

**NOSE**

\_\_\_\_\_ STUFFY NOSE

\_\_\_\_\_ SINUS PROBLEMS

\_\_\_\_\_ HAY FEVER

\_\_\_\_\_ SNEEZING ATTACKS

\_\_\_\_\_ EXCESSIVE MUCOUS FORMATION

\_\_\_\_\_ **TOTAL**

**MOUTH/  
THROAT**

\_\_\_\_\_ CHRONIC COUGHING

\_\_\_\_\_ GAGGING, FREQ. NEED TO CLEAR THROAT

\_\_\_\_\_ SORE THROAT, HOARSENESS, LOSS OF VOICE

\_\_\_\_\_ SWOLLEN OR DISCOLORED TONGUE, GUMS, LIPS

\_\_\_\_\_ CANKER SORES

\_\_\_\_\_ **TOTAL**

**SKIN**

\_\_\_\_\_ ACNE

\_\_\_\_\_ HIVES, RASHES, DRY SKIN

\_\_\_\_\_ HAIR LOSS

\_\_\_\_\_ FLUSHING, HOT FLASHES

\_\_\_\_\_ EXCESSIVE SWEATING

\_\_\_\_\_ **TOTAL**

**HEART**

\_\_\_\_\_ IRREGULAR OR SKIPPED HEART BEAT

\_\_\_\_\_ RAPID OR POUNDING HEARTBEAT

\_\_\_\_\_ CHEST PAIN

\_\_\_\_\_ **TOTAL**

**LUNGS**

\_\_\_\_\_ CHEST CONGESTION

\_\_\_\_\_ ASTHMA, BRONCHITIS

\_\_\_\_\_ SHORTNESS OF BREATH

\_\_\_\_\_ DIFFICULTY BREATHING

\_\_\_\_\_ **TOTAL**

**DIGESTIVE  
TRACT**

\_\_\_\_\_ NAUSEA, VOMITING

\_\_\_\_\_ DIARRHEA

\_\_\_\_\_ CONSTIPATION

\_\_\_\_\_ BLOATED FEELING

\_\_\_\_\_ BELCHING, PASSING GAS

\_\_\_\_\_ HEARTBURN

\_\_\_\_\_ INTESTINAL / STOMACH PAIN

\_\_\_\_\_ **TOTAL**

**JOINTS/  
MUSCLES**

\_\_\_\_\_ PAIN OR ACHES IN JOINTS

\_\_\_\_\_ ARTHRITIS

\_\_\_\_\_ STIFFNESS OR LIMITATION OF MOVEMENT

\_\_\_\_\_ PAIN OR ACHES IN MUSCLES

\_\_\_\_\_ FEELING OF WEAKNESS OR TIREDNESS

\_\_\_\_\_ **TOTAL**

**WEIGHT**

\_\_\_\_\_ BINGE EATING/DRINKING

\_\_\_\_\_ CRAVING CERTAIN FOODS

\_\_\_\_\_ EXCESSIVE WEIGHT

\_\_\_\_\_ COMPULSIVE EATING

\_\_\_\_\_ WATER RETENTION

\_\_\_\_\_ UNDERWEIGHT

\_\_\_\_\_ **TOTAL**

**ENERGY/  
ACTIVITY**

\_\_\_\_\_ FATIGUE, SLUGGISHNESS

\_\_\_\_\_ APATHY, LETHARGY

\_\_\_\_\_ HYPERACTIVITY

\_\_\_\_\_ RESTLESSNESS

\_\_\_\_\_ **TOTAL**

**MIND**

\_\_\_\_\_ POOR MEMORY

\_\_\_\_\_ CONFUSION, POOR COMPREHENSION

\_\_\_\_\_ POOR CONCENTRATION

\_\_\_\_\_ POOR PHYSICAL COORDINATION

\_\_\_\_\_ DIFFICULTY IN MAKING DECISIONS

\_\_\_\_\_ STUTTERING OR STAMMERING

\_\_\_\_\_ SLURRED SPEECH

\_\_\_\_\_ LEARNING DISABILITIES

\_\_\_\_\_ **TOTAL**

**EMOTIONS**

\_\_\_\_\_ MOOD SWINGS

\_\_\_\_\_ ANXIETY, FEAR, NERVOUSNESS

\_\_\_\_\_ ANGER, IRRITABILITY, AGGRESSIVENESS

\_\_\_\_\_ DEPRESSION

\_\_\_\_\_ **TOTAL**

**OTHER**

\_\_\_\_\_ FREQUENT ILLNESS

\_\_\_\_\_ FREQUENT OR URGENT URINATION

\_\_\_\_\_ GENITAL ITCH OR DISCHARGE

\_\_\_\_\_ **TOTAL**

**GRAND TOTAL**

**TOTAL**

# MALE HORMONE SURVEY

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**Please score: BLANK= No Symptoms. 1-5 ( 1=Mild 5=Severe ) Place your mouse on the line and type your numeral.**

- Constipation \_\_\_\_\_
- Muscle pain \_\_\_\_\_
- Joint pain \_\_\_\_\_
- Low sex drive \_\_\_\_\_
- Erectile firmness \_\_\_\_\_
- Erectile stamina \_\_\_\_\_
- Decreased ejaculate \_\_\_\_\_
- Unable to climax \_\_\_\_\_
- Premature climax \_\_\_\_\_
- Fatigue \_\_\_\_\_
- Loss of motivation \_\_\_\_\_
- Decreased strength \_\_\_\_\_
- Decreased endurance \_\_\_\_\_
- Depression \_\_\_\_\_
- Anxiety \_\_\_\_\_
- Mood swings \_\_\_\_\_
- Foggy thinking \_\_\_\_\_
- Adult acne \_\_\_\_\_
- Difficulty passing urine \_\_\_\_\_
- Pain with passing urine \_\_\_\_\_
- Dry skin \_\_\_\_\_
- Thinning hair \_\_\_\_\_
- Anger/ Irritability \_\_\_\_\_
- Breast enlargement \_\_\_\_\_
- Increase in abdomen girth \_\_\_\_\_
- Insomnia \_\_\_\_\_
- Weight gain \_\_\_\_\_
- Rapid weight loss \_\_\_\_\_
- Over sensitive/ weepy \_\_\_\_\_
- Thinning of skin \_\_\_\_\_
- TOTAL** \_\_\_\_\_