



Male Hormone Symptom Diary

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

SYMPTOMS: Rate 1-10 (10 is the worst)	Before Treatment Date:	1 <sup>st</sup> Insertion Date:	2 <sup>nd</sup> Insertion Date:	3 <sup>rd</sup> Insertion Date:	4 <sup>th</sup> Insertion Date:	5 <sup>th</sup> Insertion Date:	6 <sup>th</sup> Insertion Date:
Fatigue							
Sleep Problems							
Lack of Sexual Desire							
Poor Memory							
Weight Gain							
Decrease in beard growth							
Depression							
Anxiety							
Muscle Weakness							
Excessive Sweating							
Nervousness							
Decrease in Muscle Strength							
Muscle Pain							
Joint Pain							
Foggy Mind							
Loss of Well Being							
Poor Results from Exercise							
Night Sweats							