




Low T Symptom Tracker

For Men Over 50 • Track Symptoms • Daily Habits • Doctor Discussion Guide

 This tracker is for educational purposes only. Share it with your doctor. Do not change medications or start testosterone therapy without medical advice.

Name:

Date of Birth:

Doctor's Name:

Phone:



Low Testosterone Symptoms – Check All That Apply



Physical Symptoms

- Fatigue or low energy (even after sleep)
- Muscle loss or weakness
- Weight gain, especially belly fat
- Reduced bone density or fractures
- Hair loss (body or facial)



Sexual & Emotional Symptoms

- Low sex drive (libido)
- Erectile dysfunction
- Depression or persistent sadness
- Irritability or mood swings
- Difficulty concentrating (brain fog)



Sleep & Daily Function

- Poor sleep quality
- Trouble falling or staying asleep
- Low motivation or drive
- Feeling "off" or not yourself
- Hot flashes or night sweats

 **Overall Symptom Severity (circle one):**

0 = None

1 = Mild

2 = Moderate

3 = Severe

4 = Very Severe

 **Weekly Habit Tracker (Check off each day)**

Habit	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercise (20+ min walk or strength)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-9 hours of sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate protein at 2+ meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drank 6+ glasses water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited alcohol (1-2 drinks max)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management (deep breathing, walk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 **Questions to Ask Your Doctor**

- "Based on my symptoms, should I have a testosterone blood test?"
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- "What are the risks and benefits of testosterone therapy for someone my age?"
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- "Could my medications (blood pressure, diabetes) be causing low T?"
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- "What lifestyle changes would you recommend before considering therapy?"
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- "How often should I have my PSA levels checked if I start TRT?"
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 Notes & Observations

Write any other symptoms, patterns you noticed, or questions for your doctor...

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