

Testosterone Deficiency & Type 2 Diabetes Worldwide Audit



FIRST VISIT DATA COLLECTION FORM

Date

Clinician Clinician's email Centre ID

PATIENT IDENTIFICATION

AFFIX PATIENT LABEL

FORENAME

SURNAME

DoB (dd/mm/yyyy)

Patient Identifier

Ethnicity	<input type="checkbox"/> Afro-Caribbean	<input type="checkbox"/> Asian
	<input type="checkbox"/> Oriental	<input type="checkbox"/> White
Marital Status	<input type="checkbox"/> Married/Civil	<input type="checkbox"/> Single
	<input type="checkbox"/> Separated/Divorced	<input type="checkbox"/> Widowed

DIAGNOSIS OF HYPOGONADISM MUST COMPRISE BOTH SYMPTOMS AND LOW TESTOSTERONE

VISIT DETAILS

Visit Date

SYMPTOMS (PLEASE GRADE SEVERITY IF POSSIBLE AS CAN BE USED AS A GUIDE TO RESPONSE TO THERAPY)

Symptoms of testosterone deficiency are non-specific. These are 11 common symptoms which include failure to respond to a PDE5 inhibitor. If any answer is not known, then please leave it blank. In the sexual symptoms category, the value for 'Erectile Function with PDE5i' is not included in the total score.

Sexual Symptoms						score: 0
Libido	<input type="radio"/> Normal	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very Severe/Absent	
Morning Erection	<input type="radio"/> Normal	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very Severe/Absent	
Erectile Function	<input type="radio"/> Normal	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very Severe/Absent	
Erectile Function with PDE5i*	<input type="radio"/> Normal	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very Severe/Absent	
Physical Function						score: 0
Feeling Tired/lethargic	<input type="radio"/> Normal	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very Severe/Absent	
Muscle Strength	<input type="radio"/> Normal	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very Severe/Absent	
Physical Exhaustion	<input type="radio"/> Normal	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very Severe/Absent	
Psychological Function						score: 0
Inability to concentrate	<input type="radio"/> Normal	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very Severe/Absent	
Irritable/Grumpy	<input type="radio"/> Normal	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very Severe/Absent	
Feeling depressed	<input type="radio"/> Normal	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very Severe/Absent	
Reduced Motivation	<input type="radio"/> Normal	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very Severe/Absent	

AGING MALE SYMPTOM SCORE (AMS)

Aging Male Symptom Score (AMS) Questionnaire used in your clinic



AMS Scores Total

Physical Domain

Psychological Domain

Sexual Domain

INVESTIGATIONS

Two morning (before 1100h) testosterone ideally fasting at least one week apart are required for the diagnosis.
Please tick the fasting box if the sample was taken under these conditions.

Free testosterone is calculated after SHBG and total testosterone are completed.

Morning total testosterone 1

 nmol/l

Fasting

Morning total testosterone 2

 nmol/l

Fasting

Calculated Free Testosterone 1

- nmol/L

Calculated Free Testosterone 2

- nmol/L

SHBG

 nmol/l

Oestradiol

 pmol/l

LH

 iu / l

FSH

 iu / l

Prolactin (if LH/FSH low)

 miu / l

Hb

 g/l

Haematocrit

PSA

 µg/l

HbA1c

mmol/mol

HbA1c as %

 %

Creatinine

 µmol/l

LIPIDS

Fasting

Non-fasting

Total Cholesterol

 mmol/l

LDL-Cholesterol

 mmol/l

HDL-Cholesterol

 mmol/l

Non-HDL Cholesterol

 mmol/l

HDL/LDL Ratio

 %

TG's

 mmol/l

Albumin

 g/l

AST

 u / l

ALT

 u / l

AST / ALT ratio

-

Pituitary MRI (if indicated) Please insert report below i.e. Normal, Microadenoma, Macroadenoma, Empty Sella etc.

Anterior Pituitary Hormone deficiencies (if present please tick below)

ACTH TSH GH

Weight kg BMI Waist Circumference cm

Syst. BP mmHg Diast. BP mmHg

DEXA BONE SCAN (IF DONE, SELECT ANSWER) HYPOGONADISM CAN CAUSE OSTEOPOROSIS IN MEN

Femoral Neck

Normal Osteopaenia Osteoporosis

Lumbar Spine

Normal Osteopaenia Osteoporosis

DIAGNOSIS OF HYPOGONADISM

Primary

Klinefelter's Torsion Trauma Orchidectomy Radiation Chemotherapy Age-related

Other

Please specify

Secondary Low LH

Pituitary Tumour HyperPrI Craniopharyngioma Haemochromatosis Opioids Glucocorticoids No cause identified

Other causes

Please specify

Secondary Normal LH

Functional-Obesity No cause identified

INITIATION OF TESTOSTERONE THERAPY

Gels

Testogel Sachet Testogel Pump Testavan Tostran

Other Formulation

Name of Formulation

Dose

mg

Injections/Pellets

Nebido

Sustanon

Andriol

Other Formulations

Name of Formulation

Dose

 mg

Frequency

 weekly

TRT not started

Please provide reasons e.g. raised PSA, Patient Declined etc.

**IF PATIENT NOT ON TRT FOLLOWED IN CLINIC PLEASE CONTINUE TO FILL OUT YEARLY FOLLOW UP FORMS.
IF IN FUTURE TESTOSTERONE IS COMMENCED, THEN PLEASE FILL OUT NEW BASELINE FORM**

BASELINE MEDICAL HISTORY

Duration of diabetes (in years) at first visit

 years

Hypoglycaemia

Yes

Estimate number of hypos in last 3 months

No

Cardiovascular Disease (Insert number and year if known for the first line, tick boxes line 2&3)

MI

Year

ACS

Year

TIA

Year

CVA

Year

Hypertension

Angina

CCF

CABG

Angioplasty

Stents

Peripheral Vascular Disease (Intermittent Claudication/Ischaemic Leg/Angioplasty/Amputation)

Co-morbidities (Tick box if present)

- | | | | |
|---|---|-------------------------------|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Obstructive Sleep Apnoea | <input type="checkbox"/> CPAP | <input type="checkbox"/> Bariatric Surgery |
| <input type="checkbox"/> COPD/Emphysema | <input type="checkbox"/> Prostate Cancer | <input type="checkbox"/> BPH | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Previous COVID-19 | | |

Cancer (Other)

Smoking History

- Never
 Ex-Smoker
 Smoker

Mobility

- Normal
 Impaired

- Walks <100
 Climbs stairs unaided
 Uses Stick
 Immobile

Health interferes with**Physical activities**

- No
 Mildly
 Moderately
 Severely
 Completely

Social activities

- No
 Mildly
 Moderately
 Severely
 Completely

DIABETES DISTRESS SCREENING SCALE**PLEASE DO NOT ENTER RECOLLECTED INFORMATION**

Only enter if information obtained prospectively or contemporaneous data present in patient records.

Feeling overwhelmed by demands of living with diabetes

- Not a problem
 Slight problem
 Moderate problem
 Somewhat serious problem
 Serious problem
 Very serious problem

Feeling that I am often failing with my diabetes routine

- Not a problem
 Slight problem
 Moderate problem
 Somewhat serious problem
 Serious problem
 Very serious problem

BASELINE MEDICATION**Metformin**

- Yes
 No
 Total Dose mg/day

Sulphonylurea

- Gliclazide
 Glimepiride
 Glipizide
 Other
 None
 Total Dose mg/day

Pioglitazone

- 0mg
 15mg
 30mg
 45mg

Metiglitinides

- Nateglinide
 Repaglinide
 None
 Dose mg/day

SGLT2 inhibitors

- Canagliflozin
 Dapagliflozin
 Empagliflozin
 Ertugliflozin
 None
 Dose mg/day

DPP-4 inhibitors

- Alogliptin
 Linagliptin
 Sazagliptin
 Sitagliptin
 Vildagliptin
 None

Dose mg/day

GLP-1 Analogues

- Albuglutide
 Exenatide
 Lixisenatide
 Semaglutide
 Liraglutide
 None

Dose mg/day

- Exenatide qw
 Dulaglutide
 Dose mg/week

Insulin

Total Daily Insulin Dose

Anti-obesity drug

- Orlistat
 None

Lipid-lowering

- Statin
 Ezetimibe
 Fibrate
 None

ED

- Sildenafil
 Tadalafil
 Vardenafil
 Avanafil
 Tadalafil 5mg od
- Caverject
 Viridans duo
 Muse
 Vitaros
 Vacuum Device
- None

Dose mg

OTHER PATIENTS COMMENTS**OTHER HEALTHCARE PROFESSIONAL COMMENTS**