**Self-assessment questionnaire**

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| --- | --- | --- |
| Date of salivary sample collection |  | |
| Time of salivary sample collection |  | |
| Your name |  | |
| Your date of birth |  | |
| Tanner self-assessment  Please look at these pictures and tick the one that best describes you | C:\Users\SahunY\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\SEEDG2O6\Screen Shot 2017-03-14 at 13 43 32.png | ☐    ☐    ☐    ☐  ☐ |
| Current testosterone treatment? | YES ☐ NO ☐ | |
| Previous testosterone treatment? | YES ☐ NO ☐ | |
| If Yes, when was the last dose of testosterone given? | Approximate date : | |
| What form of testosterone? | Injection ☐ Tablet ☐ Gel ☐ Patch ☐ | |
| Do you take either prednisolone or deflazacort? | YES ☐ NO ☐ | |
| If yes, what dose? |  | |