**Self-assessment questionnaire**

|  |  |
| --- | --- |
| 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? |  |