

# MANUAL Survey (TRT)

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## Start of Block: Default Question Block

Q1 Approximately 25% of men over the age of 40 experience low testosterone, with total & free testosterone levels gradually declining with age. Decline in testosterone levels may impact an individual's overall health & quality of life.

[Imperial College London Self-Care Academic Unit \(SCARU\)](#) is conducting a study to explore the knowledge, attitudes & behaviours of men seeking health information & care around low testosterone. Please take a moment to review the [Participant Information Sheet](#) of our ethically approved study & consider taking part in this 10 min eSurvey.

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## End of Block: Default Question Block

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## Start of Block: Consent / Eligibility



Q2 Please confirm that you consent to participate in this survey.

	Yes (1)	No (2)
I consent to take part in this study (1)	<input type="radio"/>	<input type="radio"/>
I confirm I am over 18 years old (7)	<input type="radio"/>	<input type="radio"/>
I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my legal rights nor treatment / healthcare being affected. (6)	<input type="radio"/>	<input type="radio"/>
I confirm that I have read and understand the participant information sheet version 0.2 dated 21/02/2024 for the Characterising Barriers And Drivers For The Successful Adoption Of Testosterone Replacement Therapy study and have had the opportunity to ask questions which have been answered fully (2)	<input type="radio"/>	<input type="radio"/>
I give consent for information collected about me to be used to support other research or in the development of a new test, medication, medical device or treatment (delete as applicable) by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure) (3)	<input type="radio"/>	<input type="radio"/>
I give consent to being contacted about the possibility to take part in other research studies (5)	<input type="radio"/>	<input type="radio"/>



genderbirth What was your assigned sex at birth?

- ☐ Male (1)
- ☐ Female (2)

*Skip To: End of Survey If What was your assigned sex at birth? = Female*

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age What is your age?

▼ 18 (1) ... 101 (84)



everTRT Have you ever used Testosterone Replacement Therapy?

- ☐ Yes, and I am currently using TRT (1)
- ☐ Yes, I have used TRT in the past but I no longer use it (2)
- ☐ No, never (3)
- ☐ No, but I am thinking of using TRT in the future (4)

*Skip To: End of Survey If Have you ever used Testosterone Replacement Therapy? = No, never*  
*Skip To: End of Survey If Have you ever used Testosterone Replacement Therapy? = No, but I am thinking of using TRT in the future*

**End of Block: Consent / Eligibility**

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**Start of Block: Perceptions/attitudes/behaviours (in chronological order of diagnosis)**

qadam On a scale of 1-5 (where 1 is terrible/weak/never & 5 is excellent/strong/always), how would you rate your experience with the following?

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)
Enjoyment of life (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Happiness levels (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Libido (sex drive) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy levels (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strength/endurance (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strength of erections (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work performance over the past 4 weeks (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of falling asleep after dinner (1=never, 2=1- 2/week, 3=3- 4/week, 4=5- 6/week, 5=every night) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports ability over the past 4 weeks (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of height lost (1=2" or more, 2=1.5-1.9", 3=1- 1.4", 4=0.5-0.9", 5=none-0.4") (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

lowT\_dx Have you been diagnosed with low testosterone?

☐ Yes (1)

☐ No (2)

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*Display This Question:*

*If Have you been diagnosed with low testosterone? = Yes*

lowT\_address Which of the following approaches did you personally use to address this issue?  
Select one or more.

- ☐ Nothing (10)
  - ☐ Testosterone replacement therapy (TRT) (1)
  - ☐ Reducing alcohol (2)
  - ☐ Smoking cessation (3)
  - ☐ Diet modification (4)
  - ☐ Prioritising sleep (13)
  - ☐ Stress management techniques (14)
  - ☐ Supplements (8)
  - ☐ Weight loss (5)
  - ☐ Weight training/physical activity (6)
  - ☐ Cardiovascular training (7)
  - ☐ Other physical activity (please specify): (11)
- 
- ☐ Other (Please specify) (9)
- 

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*Display This Question:*

*If Have you been diagnosed with low testosterone? = Yes*

lowT\_symptomimprove What changes had the greatest improvements on your symptoms?  
Select one or more.

- ☐ Nothing (10)
- ☐ Testosterone replacement therapy (TRT) (1)
- ☐ Reducing alcohol (2)
- ☐ Smoking cessation (3)
- ☐ Diet modification (4)
- ☐ Prioritising sleep (13)
- ☐ Stress management techniques (14)
- ☐ Supplements (8)
- ☐ Weight loss (5)
- ☐ Weight training/physical activity (6)
- ☐ Cardiovascular training (7)
- ☐ Other physical activity (please specify): (11)

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☐ Other (Please specify) (9)

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TRTinfosource Where would you go to find out more information about testosterone & TRT before using it? Select all that apply.

- ☐ Friends (1)
  - ☐ Family - parents (2)
  - ☐ Family - siblings (7)
  - ☐ Healthcare professionals - GP (8)
  - ☐ Healthcare professionals - nurse, pharmacist (3)
  - ☐ Specialist - Urologist, endocrinologist, etc. (4)
  - ☐ Support groups (5)
  - ☐ Online forums (6)
  - ☐ Google (9)
  - ☐ TikTok (10)
  - ☐ Youtube (11)
  - ☐ Magazines (12)
  - ☐ My barber (13)
  - ☐ My personal trainer(s) (14)
  - ☐ Other (please specify): (15)
-



healthdiscuss\_who With whom would you feel discussing symptoms related to your hormonal health with? Select all the apply.

- ☐ My GP (1)
  - ☐ Other healthcare professional (2)
  - ☐ Family (4)
  - ☐ Friends (5)
  - ☐ Work colleagues (8)
  - ☐ Other (please specify) (9)
- 
- ☐ No one (10)

*Display This Question:*

*If With whom would you feel discussing symptoms related to your hormonal health with? Select all the... = My GP*

*Or With whom would you feel discussing symptoms related to your hormonal health with? Select all the... = Other healthcare professional*

healthdiscuss\_hphow How would you prefer to discuss with a healthcare professional?

- ☐ Face-to-face (2)
- ☐ Telephone or online consultation (3)
- ☐ Both equally (4)

lowt\_symptomtime For how long did you have symptoms of low testosterone before you went to seek help/advice?

- ☐ 0-6 months (1)
  - ☐ 7-12 months (2)
  - ☐ 1-2 years (3)
  - ☐ 2-5 years (4)
  - ☐ 5+ years (5)
- 

trt\_type Which type of TRT did you use? Select one or more.

- ☐ Subcutaneous testosterone (injection) (2)
  - ☐ Intramuscular testosterone (injection) (5)
  - ☐ Oral testosterone (3)
  - ☐ Topical testosterone gel/cream (7)
  - ☐ Intranasal testosterone gel (1)
  - ☐ Testosterone pellets (implants) (6)
  - ☐ Other (please specify): (4)
-

trt\_length How long have you used TRT for?

- ☐ 0 - 6 months (3)
  - ☐ 7 - 12 months (4)
  - ☐ 1-2 years (5)
  - ☐ 3-4 years (6)
  - ☐ 5+ years (7)
- 

trt\_effective How would you rate the effectiveness of the TRT treatment you used?

- ☐ Very ineffective (1)
  - ☐ Ineffective (2)
  - ☐ Effective (3)
  - ☐ Very effective (4)
  - ☐ Unsure (5)
-

trt\_sideeffect Did you experience any of the following side effects from using TRT?

- ☐ Fatigue (1)
  - ☐ Nipple itchiness / gynaecomastia (2)
  - ☐ Water retention (3)
  - ☐ Increased emotional lability (4)
  - ☐ Anxiety (5)
  - ☐ Low mood (6)
  - ☐ Excess body hair growth (7)
  - ☐ Increased spots/acne (8)
  - ☐ Androgenetic alopecia/male pattern baldness (10)
  - ☐ Skin irritation (11)
  - ☐ Prostate growth (9)
  - ☐ Testicular shrinkage/limiting sperm production (13)
  - ☐ Decrease in HDL (good cholesterol) (14)
  - ☐ Worsening sleep apnoea (15)
  - ☐ Enlarging breasts (16)
  - ☐ Increased blood thickness (increased risk of blood clot formation) (17)
  - ☐ Other (please specify): (12)
-

☐

I did not experience any side effects (18)

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trt\_txwho Who did you seek advice/treatment from? Select one or more.

☐

Healthcare professional - GP (1)

☐

Healthcare professional - Nurse (2)

☐

Healthcare professional -Pharmacist (3)

☐

Healthcare professional - Specialist (urologist, endocrinologist) (11)

☐

Healthcare professional - Other (please specify): (4)

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☐

Online pharmacy (5)

☐

Website (6)

☐

Friends (7)

☐

Family - parents (8)

☐

Family - siblings (12)

☐

Online forums/discussion groups (14)

☐

Other (please specify): (9)

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☐

None (13)

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*Display This Question:*

*If Who did you seek advice/treatment from? Select one or more. = Healthcare professional - GP*

*Or Who did you seek advice/treatment from? Select one or more. = Healthcare professional - Nurse*

*Or Who did you seek advice/treatment from? Select one or more. = Healthcare professional - Pharmacist*

*Or Who did you seek advice/treatment from? Select one or more. = Healthcare professional - Specialist (urologist, endocrinologist)*

*Or Who did you seek advice/treatment from? Select one or more. = Healthcare professional - Other (please specify):*

trtconsult\_goal When consulting with a healthcare professional about TRT, what were you hoping to get out of your consultation? Select one or more.

- ☐ Get medical evaluation (via blood tests) & diagnosis (1)
  - ☐ Learn about available treatment options (2)
  - ☐ Discuss alternative treatment options (11)
  - ☐ Get guidance on lifestyle modifications (12)
  - ☐ Get professional advice on personal health (4)
  - ☐ (3)
  - ☐ Get clarifications on potential side effects (7)
  - ☐ Build a trusting patient-doctor relationship (9)
  - ☐ Other (please specify): (5)
-

*Display This Question:*

*If Who did you seek advice/treatment from? Select one or more. = Healthcare professional - GP*

*Or Who did you seek advice/treatment from? Select one or more. = Healthcare professional - Nurse*

*Or Who did you seek advice/treatment from? Select one or more. = Healthcare professional - Pharmacist*

*Or Who did you seek advice/treatment from? Select one or more. = Healthcare professional - Specialist (urologist, endocrinologist)*

*Or Who did you seek advice/treatment from? Select one or more. = Healthcare professional - Other (please specify):*

*Or Who did you seek advice/treatment from? Select one or more. = Online pharmacy*

trtconsult\_satisfy On a scale of 1-5 (where 1 is not at all & 5 is completely addressed), to what extent do you feel the healthcare professional addressed your concerns & expectations before starting TRT?

☐ 1 (1)

☐ 2 (2)

☐ 3 (6)

☐ 4 (8)

☐ 5 (9)

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*Display This Question:*

*If On a scale of 1-5 (where 1 is not at all & 5 is completely addressed), to what extent do you feel... = 1*

*Or On a scale of 1-5 (where 1 is not at all & 5 is completely addressed), to what extent do you feel... = 2*

trtconsult\_touchpoin How many touch points (appointments, calls, etc.) did you have with your healthcare professional until you felt like your concerns & expectations were sufficiently addressed?

- ☐ 0 / none (6)
- ☐ 1-3 (1)
- ☐ 4-6 (2)
- ☐ 7-9 (3)
- ☐ 10+ (4)

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*Display This Question:*

*If Who did you seek advice/treatment from? Select one or more. = Friends*

*Or Who did you seek advice/treatment from? Select one or more. = Family - parents*

*Or Who did you seek advice/treatment from? Select one or more. = Family - siblings*

trt\_friendfam\_goal When considering speaking to friends/family about TRT, what were you hoping to get out of the conversation? Select one or more.

- ☐ Receiving empathetic understanding (1)
  - ☐ Seeking advice on lifestyle changes (6)
  - ☐ Mutual sharing of experiences (3)
  - ☐ Gaining insights into available support (2)
  - ☐ Understanding potential benefits & risks (7)
  - ☐ GP referral for treatment (8)
  - ☐ Exploring other potential solutions (4)
  - ☐ Other (please specify): (5)
-



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*Display This Question:*

*If Who did you seek advice/treatment from? Select one or more. = Friends*

*Or Who did you seek advice/treatment from? Select one or more. = Family - parents*

*Or Who did you seek advice/treatment from? Select one or more. = Family - siblings*

trt\_friendfam\_concer What concerns, if any, have been raised in your social circles regarding the potential use of interventions like TRT? Select one or more.

- ☐ Fear of unknown health risks (1)
  - ☐ Perceived impact on masculinity (2)
  - ☐ Lack of trust in medical interventions (3)
  - ☐ Financial considerations (4)
  - ☐ None at all (5)
  - ☐ Other (please specify): (6)
- 

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*Display This Question:*

*If Who did you seek advice/treatment from? Select one or more. = Friends*

*Or Who did you seek advice/treatment from? Select one or more. = Family - parents*

*Or Who did you seek advice/treatment from? Select one or more. = Family - siblings*

trt\_friendfam\_effect On a scale of 1-5 (where 1 is not at all & 5 is very informative), was your interaction with them informative? Did you feel that you received clarity on your concerns/questions?

- ☐ 1 (1)
- ☐ 2 (2)
- ☐ 3 (3)
- ☐ 4 (6)
- ☐ 5 (7)
- 

alttherapy Before considering TRT, were there any lifestyle changes/alternative therapies you were looking into? Select one or more.

- ☐ Dietary modifications (1)
- ☐ Exercise regimen adjustments (2)
- ☐ Stress management techniques (3)
- ☐ Testosterone boosters (7)
- ☐ Other lifestyle adjustments (4)
- ☐ None of the above (5)
- ☐ Other (please specify): (6)
-

symptomtest Before considering TRT, did you have any routine tests to identify the cause for your symptoms?

☐ Yes (1)

☐ No (2)

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trt\_expectation What were your expectations from the treatment?

☐ Rapid improvement in symptoms (1)

☐ Gradual, sustained changes over time (2)

☐ No specific expectations (3)

☐ Other (please specify): (4)

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*Display This Question:*

*If Who did you seek advice/treatment from? Select one or more. = Healthcare professional - GP*

*Or Who did you seek advice/treatment from? Select one or more. = Healthcare professional - Nurse*

*Or Who did you seek advice/treatment from? Select one or more. = Healthcare professional - Pharmacist*

*Or Who did you seek advice/treatment from? Select one or more. = Healthcare professional - Specialist (urologist, endocrinologist)*

*Or Who did you seek advice/treatment from? Select one or more. = Healthcare professional - Other (please specify):*

trtclinician\_rate

On a scale of 1-5 (where 1 is very unhelpful and 5 is very helpful), how would you rate your TRT clinician in terms of their:

	1 (6)	2 (7)	3 (8)	4 (9)	5 (10)
Knowledge (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reassurance (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

trt\_supplement In addition to medication, what would have been most helpful to supplement with your treatment of low testosterone? Select one or more.

- ☐ More frequent medical check-ins (1)
- ☐ Access to support groups (2)
- ☐ Additional informational resources (3)
- ☐ Adjustments to treatment plan (4)
- ☐ Emotional support from a healthcare provider (5)
- ☐ Other (please specify): (6)

trt\_motivator On a scale of 1-5 (where 1 is none/no impact & 5 is highly important/high impact), please rate the impact of TRT as a motivating factor while you were considering/seeking treatment:

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)
Appearance (e.g., muscle mass, body composition) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal relationships, including intimacy & communication (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptance of TRT in your social circle or community (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Societal perceptions or stereotypes around masculinity (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

trt\_factors Please rate the impact of your TRT experience on the following factors:

	Negative impact (1)	Uncertain (3)	Neutral (4)	Positive impact (5)
Your appearance (e.g., muscle mass, body composition) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your self-esteem & confidence (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mental well-being & emotional health (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall quality of life, including work performance, social interactions, & personal satisfaction (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break

access\_private Do you have access to hormonal blood tests via private healthcare?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Unsure (4)
- 

access\_nhs Do you have access to hormonal blood tests via the NHS?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Unsure (4)
- 

pay\_private Did you pay for TRT via private healthcare?

- ☐ Yes (1)
  - ☐ No (2)
- 

resources\_satisfy Overall, how satisfied or dissatisfied are you with access to low testosterone resources in the UK healthcare?

- ☐ Very dissatisfied (1)
- ☐ Somewhat dissatisfied (2)
- ☐ Neither satisfied or dissatisfied (3)
- ☐ Somewhat satisfied (4)
- ☐ Very satisfied (5)

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fertility\_importance TRT often reduces fertility by decreasing sperm production, but it returns when TRT is stopped. How important is it for you to maintain fertility while on TRT?

- ☐ Not important at all (1)
  - ☐ Of little importance (2)
  - ☐ Average (3)
  - ☐ Somewhat important (4)
  - ☐ Very important (5)
  - ☐ Absolutely essential (7)
  - ☐ Prefer not to answer (6)
-



eq5d On a scale of 1-10 (where 1 is poor & 10 is excellent), how would you rate your overall health today?

- ☐ 1 (1)
- ☐ 2 (2)
- ☐ 3 (3)
- ☐ 4 (4)
- ☐ 5 (5)
- ☐ 6 (6)
- ☐ 7 (7)
- ☐ 8 (8)
- ☐ 9 (9)
- ☐ 10 (10)

End of Block: Perceptions/attitudes/behaviours (in chronological order of diagnosis)

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Start of Block: Demographics

genderidentity Which best describes your gender identity?

- ☐ Male (1)
  - ☐ Non-binary (7)
  - ☐ Genderqueer (8)
  - ☐ Prefer not to say (4)
  - ☐ Other (please specify): (3)
-

ethnicity What is your ethnicity?

- ☐ Asian, or Asian British (1)
  - ☐ Black, Black British, Caribbean or African (2)
  - ☐ Mixed or Multiple ethnic groups (3)
  - ☐ White (4)
  - ☐ Other ethnic groups (please specify): (5)  
\_\_\_\_\_
  - ☐ Prefer not to say (6)
- 

postcode What are the first 3 or 4 letters of your postcode?

\_\_\_\_\_

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education What is your highest level of education completed?

- ☐ Primary school (1)
  - ☐ Secondary school / high school (2)
  - ☐ Vocational qualification (e.g. NVQ, BTEC) (3)
  - ☐ A-levels or equivalent (4)
  - ☐ GCSEs or equivalent (5)
  - ☐ Undergraduate degree (e.g. BA, BSc) (7)
  - ☐ Postgraduate degree (e.g. MA, MSc, PhD) (8)
  - ☐ Other (9)
-

employment What is your employment status?

- ☐ Employed full-time (1)
  - ☐ Employed part-time (2)
  - ☐ Unemployed (3)
  - ☐ Retired (4)
  - ☐ Student (5)
  - ☐ Prefer not to say (6)
- 

hp\_current Are you (currently) a healthcare professional (GP, nurse, pharmacist, urologist, endocrinologist, etc.)?

- ☐ Yes (1)
  - ☐ No (2)
- 

maritalstatus What is your marital status?

- ☐ Single (1)
  - ☐ Partnered / in a domestic relationship (2)
  - ☐ Married (3)
  - ☐ Divorced (5)
  - ☐ Widowed (6)
-

sexuallyactive Are you sexually active?

☐ Yes (1)

☐ No (2)

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smoker Are you a regular smoker?

☐ Yes, current smoker (1)

☐ No, past smoker (3)

☐ No, have never smoked (5)

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height What is your height in cm?

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weight What is your current weight in kg?

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comorbidity Have you ever experienced any of the following? Select one or more.

- ☐ Depression (4)
  - ☐ Anxiety (1)
  - ☐ Eating disorder (anorexia, bulimia) (7)
  - ☐ Other mental health conditions (8)
  - ☐ Diabetes (9)
  - ☐ Heart disease (10)
  - ☐ Stroke (11)
  - ☐ High blood pressure (12)
  - ☐ High cholesterol (13)
  - ☐ Other (please specify): (14)
- 
- ☐ None of the above (2)
  - ☐ Prefer not to say (15)

End of Block: Demographics

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Start of Block: C2C

qualinterest Thank you for completing the survey. Finally, researchers from Imperial College London are looking to interview up to 30 participants (via telephone, Skype or Microsoft Teams) to learn more about specific themes. Interviews will last 30-45 minutes.

Are you interested in participating in an interview?

☐ Yes (1)

☐ No (2)

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*Display This Question:*

*If Thank you for completing the survey. Finally, researchers from Imperial College London are lookin... = Yes*

qualcontact Please provide your name & contact details (below) if this interests you. We are happy to answer any questions on the study and can fix a suitable time and date for an interview.

☐ Name (1) \_\_\_\_\_

☐ Email (2) \_\_\_\_\_

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Q159 If you are interested in being entered for a draw to win a £100 Amazon voucher, please enter your email below.

☐ Email (2) \_\_\_\_\_

End of Block: C2C

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