



**Male Short Form**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

	YES	NO
1. Are you worried that your chest looks too big (such as a woman's chest)?	<input type="radio"/>	<input type="radio"/>
2. Have you ever been diagnosed with gynecomastia (enlarged breast tissue)?	<input type="radio"/>	<input type="radio"/>
3. Do you feel uncomfortable taking your shirt off in front of others or participating in activities without a shirt?	<input type="radio"/>	<input type="radio"/>
4. If you have enlarged breast tissue, does your chest feel tender and enlarged?	<input type="radio"/>	<input type="radio"/>