

MEN'S HEALTH QUESTIONNAIRE

General Health Evaluation

Please select the best answer for the following.

I am ____ years old. I feel like I am ____ years old.

Do you feel more fatigued and/or tired than usual?

None Mild Moderately Severely

Have you noticed a decrease in your muscle mass?

None Mild Moderately Severely

Have you experienced a loss in muscle strength?

None Mild Moderately Severely

Have you experienced an increase in joint and/or muscle pains?

None Mild Moderately Severely

Have you noticed an increase in your waist size?

None Mild Moderately Severely

Do you have trouble losing weight?

None Mild Moderately Severely

Have you experienced a loss in height?

None Mild Moderately Severely

Have you noticed a decrease in your sex drive?

None Mild Moderately Severely

Have you experienced difficulty in establishing and/or maintaining full erections?

None Mild Moderately Severely

Do you have a decrease in spontaneous early morning erections?

None Mild Moderately Severely

Have you experienced changes in your sleep pattern?

None Mild Moderately Severely

Do you feel a decrease in your mental sharpness?

None Mild Moderately Severely

Have you had trouble concentrating?

None Mild Moderately Severely

Do you experience less enjoyment in personal interest and hobbies?

None Mild Moderately Severely

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Select the following symptoms as they apply to you over the last **30 day period**.

Fatigue, tiredness, especially in late afternoon/early evening

None Mild Moderate Severe Very Severe

Depression, negative mood

None Mild Moderate Severe Very Severe

Irritability, anger, bad temper

None Mild Moderate Severe Very Severe

Anxiety or nervousness

None Mild Moderate Severe Very Severe

Loss of memory, concentration

None Mild Moderate Severe Very Severe

Relationship problem with your partner

None Mild Moderate Severe Very Severe

Loss of sex drive

None Mild Moderate Severe Very Severe

Problem with obtaining an erection

None Mild Moderate Severe Very Severe

Problem with maintaining an erection

None Mild Moderate Severe Very Severe

Loss of early morning erections

None Mild Moderate Severe Very Severe

Dry skin on face or hands

None Mild Moderate Severe Very Severe

Excessive sweating — day or night

None Mild Moderate Severe Very Severe

Backache, joint pains, stiffness

None Mild Moderate Severe Very Severe

Heavy drinking — past or present

None Mild Moderate Severe Very Severe

Loss of fitness, muscle strength

None Mild Moderate Severe Very Severe

Unexplained weight gain, mainly in the midsection

None Mild Moderate Severe Very Severe

Decrease in initiative, drive

None Mild Moderate Severe Very Severe

Falling asleep much earlier than in the past

None Mild Moderate Severe Very Severe

Decrease in competitiveness

None Mild Moderate Severe Very Severe

Increase in frequency of urination

None Mild Moderate Severe Very Severe