MEN'S HEALTH QUESTIONNAIRE

General Health Evaluation

Please select the best answer for the following.

I am	years old. I fo	eel like I am	years old.				
Do you feel more fatigued and/or tired than usual?							
	None	Mild	☐ Moderately	Severely			
Have	you noticed a dec	crease in vour mus	scle mass?				
·iavo	None	Mild	☐ Moderately	Severely			
Have you experienced a loss in muscle strength?							
riavo	None	Mild	☐ Moderately	Severely			
Наую	vou experienced	an increase in loir	nt and/or muscle pains?				
ilave	None	Mild	☐ Moderately	☐ Severely			
Llavia		in	iat aira0				
паче	you noticed an inc	crease in your wa	St Size? ☐ Moderately	☐ Severely			
		L. IVIIIG	Moderatory	_ Governiy			
Do yo	ou have trouble los						
	None	Mild	Moderately	Severely			
Have	you experienced	-					
	None	Mild	Moderately	Severely			
Have you noticed a decrease in your sex drive?							
	None	Mild	Moderately	Severely			
Have	you experienced	difficulty in establi	shng and/or maintaining full	erections?			
	None	Mild	Moderately	Severely			
Do vo	ou have a decreas	e in spontaneous	early morning erections?				
,	None	Mild	☐ Moderately	Severely			
Have	you experienced	changes in vour s	leen nattern?				
riavo	None		☐ Moderately	Severely			
D		:					
ро ус	ou feel a decrease	in your mental sn ☐ Mild	arpness?	Severely			
Have	you had trouble c		□ Madarataly	Covereby			
	None	Mild	Moderately	Severely			
Do you experience less enjoyment in personal interest and hobbies?							
	☐ None	☐ Mild	☐ Moderately	Severely			

MEN'S HEALTH QUESTIONNAIRE

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

□ None	Fatigue, tiredness, especially in late afternoon/early evening							
None	Mild		Severe	☐ Very Severe				
Depression, negative mood								
☐ None	Mild	Moderate	Severe	Very Severe				
Irritability, anger,	bad temper	r						
None	Mild	Moderate	Severe	Very Severe				
		Name of the Control o	-					
Anxiety or nervo	usness							
None	Mild	Moderate	Severe	Very Severe				
	IVIIIG	Ivioderate	□ gevere	very severe				
Loss of memory,	concontrati	ion						
- ·			possessing _	possession				
None	Mild	Moderate	Severe	Very Severe				
D. Laffer and Co. and Line at 1th co. and a								
Relationship pro								
None	Mild	Moderate	Severe	Very Severe				
Loss of sex drive	9							
☐ None	Mild	Moderate	Severe	Very Severe				
Problem with ob	taining an ei	rection						
☐ None	Mild	Moderate	Severe	Very Severe				
Problem with ma	aintaining an	erection						
None	Mild	Moderate	Severe	☐ Very Severe				
				,				
Loss of early mo	rnina erectio	ons						
None	Mild	Moderate	Severe	☐ Very Severe				
		Moderate		very devere				
Dry skin on face	or hande							
None	Parameters.		Severe	☐ Very Severe				
		l IModorato						
LITTORIC	Mild	Moderate	□ Severe	☐ very Severe				
			□ Severe	☐ very severe				
Excessive sweat	ting — day d	or night		_				
			Severe	☐ Very Severe				
Excessive sweat	ting — day o	or night		_				
Excessive sweat	ting — day o	or night		_				
Excessive sweat	ting — day o	or night		_				
Excessive sweat None Backache, joint p	ting — day o Mild pains, stiffne	or night Moderate SS Moderate	Severe	☐ Very Severe				
Excessive sweat	ting — day o Mild pains, stiffne	or night Moderate SS Moderate	Severe	☐ Very Severe				
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Excessive sweat None Backache, joint p None Heavy drinking - None Loss of fitness, r	ting — day o Mild pains, stiffne Mild past or pro Mild muscle stren	or night Moderate SS Moderate Sesent Moderate	Severe Severe	☐ Very Severe ☐ Very Severe ☐ Very Severe				
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