

Health Assessment For Men (Male Symptom Questionnaire)

Name: _____ Date: _____

E-Mail Address: _____

Which of the following symptoms apply to you currently (in the last 2 weeks)? Please mark the appropriate box for each symptom. For symptoms that do not currently apply or no longer apply, mark "never".

| Symptoms | Never (0) | Mild (1) | Moderate (2) | Severe (3) | Very Severe (4) |
|--|--------------|-------------|-----------------|---------------|-----------------------|
| Sweating (night sweats or excessive sweating) | | | | | |
| Sleep problems (difficulty falling asleep, sleeping through the night or waking up too early) | | | | | |
| Increased need for sleep or falls asleep easily after a meal | | | | | |
| Depressive mood (feeling down, sad, lack of drive) | | | | | |
| Irritability (mood swings, feeling aggressive, angers easily) | | | | | |
| Anxiety (inner restlessness, feeling panicky, feeling nervous, inner tension) | | | | | |
| Physical exhaustion (general decrease in muscle strength or endurance, decrease in work performance, fatigue, lack of energy, stamina or motivation) | | | | | |
| Sexual problems (change in sexual desire or in sexual performance) | | | | | |
| Bladder problems (difficulty in urinating, increased need to urinate) | | | | | |
| Erectile changes (less strong erections, loss of morning erections) | | | | | |
| Joint and muscular symptoms (joint pain or swelling, muscle weakness, poor recovery after exercise) | | | | | |
| Difficulties with memory | | | | | |
| Problems with thinking, concentrating or reasoning | | | | | |
| Difficulty learning new things | | | | | |
| Trouble thinking of the right word to describe persons, places or things when speaking | | | | | |
| Increase in frequency or intensity of headaches/migraines | | | | | |
| Rapid hair loss or thinning | | | | | |
| Feel cold all the time or have cold hands or feet | | | | | |
| Weight gain, increased belly fat, or difficulty losing weight despite diet and exercise | | | | | |
| Infrequent or absent ejaculations | | | | | |
| Total: | | | | | |

| Severity | Score |
|-------------|---------|
| Mild | 1 - 20 |
| Moderate | 21 - 40 |
| Severe | 41 - 60 |
| Very Severe | 61 - 80 |