

Men's Hormone Questionnaire

Evermen Men's Health

Which of the following symptoms apply to you at this time? Please mark the appropriate box for each symptom.

0 = none
1 = mild
2 = moderate
3 = severe
4 = extremely severe

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 1. Decline in your feeling of general well being (general state of health, subjective feeling) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 0 | 1 | 2 | 3 | 4 |
| 2. Joint pain and muscular ache (lower back pain, joint pain, pain in a limb, general back ache) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 0 | 1 | 2 | 3 | 4 |
| 3. Excessive sweating (unexpected/sudden episodes of sweating, hot flushes independent of strain) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 0 | 1 | 2 | 3 | 4 |
| 4. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early and feeling tired, poor sleep, sleeplessness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 0 | 1 | 2 | 3 | 4 |
| 5. Increased need for sleep, often feeling tired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 0 | 1 | 2 | 3 | 4 |
| 6. Irritability (feeling aggressive, easily upset about little things, moody) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 0 | 1 | 2 | 3 | 4 |
| 7. Nervousness (inner tension, restlessness, feeling fidgety) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 0 | 1 | 2 | 3 | 4 |
| 8. Anxiety (feeling panicky) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 0 | 1 | 2 | 3 | 4 |
| 9. Physical exhaustion / lacking vitality (general decrease in performance, reduced activity, lacking interest in leisure activities, feeling of getting less done) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 0 | 1 | 2 | 3 | 4 |
| 10. Decrease in muscular strength (feeling of weakness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 0 | 1 | 2 | 3 | 4 |
| 11. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 0 | 1 | 2 | 3 | 4 |
| 12. Feeling that you have passed your peak | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 0 | 1 | 2 | 3 | 4 |

13. Feeling burnt out, having hit rock bottom

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0	1	2	3	4

14. Decrease in beard growth

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4

15. Decrease in ability/frequency to perform sexually

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0	1	2	3	4

16. Decrease in the number of morning erections

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0	1	2	3	4

17. Decrease in sexual desire / libido (lacking pleasure in sex, lacking desire for sexual intercourse)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4

Have you got any other major symptoms?
Nope

Patient Signature:

Rohit