

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) □ □ □ □ 0 1 2 3 4
2. Joint pain and muscular ache (lower back pain, joint pain, pain in a limb, general back ache) □ □ □ □ 0 1 2 3 4
3. Excessive sweating (unexpected/sudden episodes of sweating, hot flushes independent of strain) □ □ □ □ 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) □ □ □ □ 0 1 2 3 4
5. Increased need for sleep, often feeling tired □ □ □ 0 1 2 3 4
6. Irritability (feeling aggressive, easily upset about little things, moody) □ □ □ 0 1 2 3 4
7. Nervousness (inner tension, restlessness, feeling fidgety) □ □ □ □ 0 1 2 3 4
8. Anxiety (feeling panicky) □ □ □ 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) □ □ □ □ 0 1 2 3 4
10. Decrease in muscular strength (feeling of weakness) □ □ □ □ 0 1 2 3 4
11. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings) □ □ □ □ 0 1 2 3 4
12. Feeling that you have passed your peak □ □ □ □ 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"/>
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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"/>
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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"/>
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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"/>
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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"/>
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0 1 2 3 4

Have you got any other major symptoms?

Nope

Patient Signature:

