

MEN'S HEALTH QUESTIONNAIRE

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